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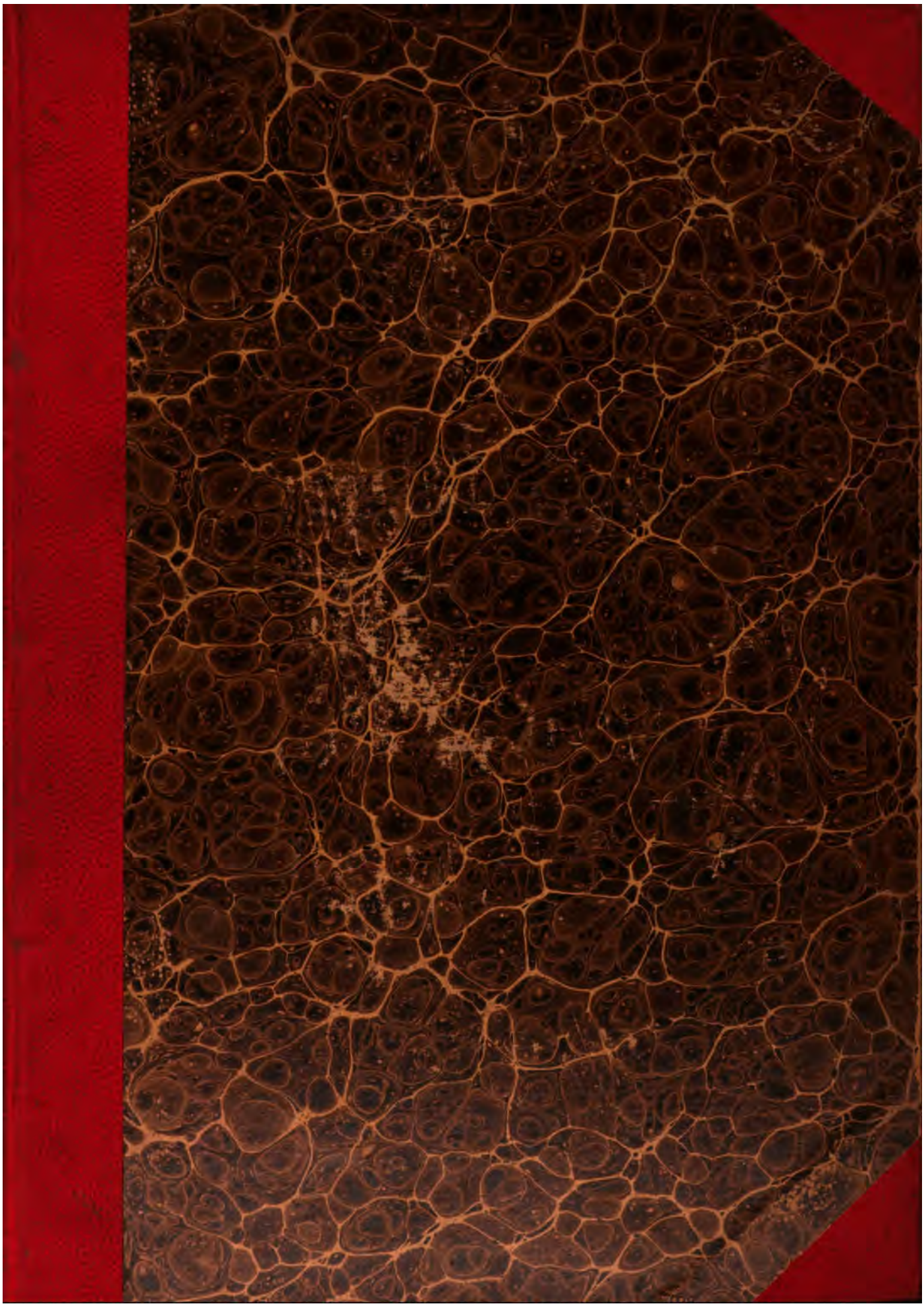

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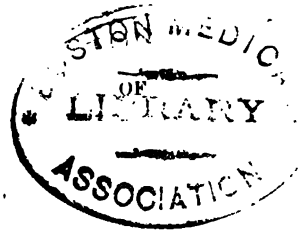

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CRITICISM AND NEWS.

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Original Communications.

CONTAGIOUSNESS OF ENTERIC FEVER.

BY ARCHIBALD E. MALLOCH, M.D., HAMILTON.

(Read before the Canadian Medical Association, August 5th, 1874.)

Mr. President and Gentlemen,—It is still an unsettled question whether or not Enteric Fever is contagious in the strict sense of the term. Dr. Wm. Budd holds that it is, and gives this as one of the proofs of its being a specific fever: whereas, Sir C. Murchison says,* "Although Enteric Fever is communicable, my experience is entirely opposed to the view that it is contagious in the strict sense of the term. Visiting or contact with the sick is neither sufficient nor necessary to produce it, and it is never propagated by a third person." Dr. Murchison holds that it is not a specific fever, and that it arises *de novo* from decomposing vegetable or animal matter, hence the term pythogenic which he gives to this fever.

Having had, during 1873, several cases of Enteric Fever which seemed to prove the contagiousness, in the strict sense of the term, of this disease, I thought it might be interesting to detail the cases and the circumstances under which they occurred.

The notes which were taken while waiting for the mercury to rise in the thermometer placed in the axilla, have been abbreviated, but they are sufficient, I hope, to characterise the majority at least of the cases as Enteric. Exception may be taken, however, to the cases Nos. VII. and VIII, but reasons will be given for their being so classified. The temperatures given are those of the morning.

* Treatise on Continued Fevers, page 465.

CASE I.—July 15th, 1873.—Yesterday I visited Edward W——, æt. 25. Machinist. A history of not having been well for three weeks, but only off work for ten days, and confined to the house for five, was given. He had suffered from "chills and sweats," with headache; had lost his appetite and been thirsty. To-day he is in as feverish a condition as yesterday, and his bowels have been moved four times without an aperient; there is tenderness in R. Iliac fossa, and several rose colored papules are seen on the abdomen. Pulse, 96; respirations, 28; temperature, 104⅘° F.; cough troublesome; expectoration, white, tough, frothy mucus, streaked with blood. Ronchi heard over chest generally, and a few bubbling râles at bases behind. Milk *ad libitum*, and poultices to chest were ordered along with the use of an acid and quinine mixture given yesterday.

July 16th,—Slept pretty well; three motions, semi-solid and of a pale yellow colour. Pulse, 96; respirations, 32; temperature, 104° F.

July 17th.—Slept well; has taken three pints of milk; three motions, the last is like pea soup; spots, at first noticed fading and others appearing. Pulse, 94; respirations, 28; temperature, 103⅘° F.

July 18th.—Six motions like pea soup, for which four pills of lead and opium were taken during the night; vomited once. Pulse, 94; respirations, 26; temperature, 101½° F.

July 19th.—Six motions; vomited twice; got three pills of lead and opium. Pulse, 96; respirations, 28; temperature, 102⅘° F. Tongue, dry, brown in centre and red at edges.

July 20th.—Eight loose motions. Pulse, 90; respirations, 24; temperature, 102° F.

July 21st.—Slept well; four motions. Pulse, 76; respirations, 24; temperature 102⅘°. During the night a bloody purulent discharge came from the R. ear, which is to be syringed twice a day with luke-warm water; there had been no complaint of ear-ache.

July 22nd.—Three motions. Pulse, 70; respirations 24; temperature, 100⅘° F. Tongue not so dry, and clearing in centre.

July 24th.—Two motions. Pulse, 72; respirations, 18; temperature, 99⅘° F.

July 26th.—Three motions yesterday and one to-day. Pulse, 72; respirations, 22; temperature, 100⅘° F.

July 27th.—No change.

July 29th.—Pulse, 78; temperature, 100° F. One motion daily.

July 30th.—Complained of abdominal pain during night, and this morning a copious motion, apparently composed of blood alone, was passed. At present he is sweating profusely; abdomen distended with flatus, but not tender. Pulse, 88; temperature, 99⅘° F. Has taken two pills of lead and opium, and is to have one every three hours.

July 31st.—Has passed a good deal of flatus; no motion. Pulse, 96; temperature 101° F. Tongue red and glazed.

August 1st.—Two motions of pretty firm consistency; no blood. Asks for solid food, but only milk allowed. Pulse, 80; temperature, 99⅘° F.

August 3rd.—Three motions since last note; bread with milk allowed. Tongue not so glazed. Pulse, 80; temperature, 99⅘° F.

August 8th.—Convalescent.

E. W—— worked till the 1st of July, when he accompanied the firemen to Port Hope, where he was taken with headache and pain in the back. On his return to the city on the 2nd, he went to a farm a few miles distant and remained there till the 7th or 8th, when he came home and took to his bed. Before leaving for Port Hope he had been feeling "out of sorts," and had remarked to his mother that he "was going to have a sickness." His dwelling, a one and a half storied rough-cast house, situated on the corner of King William and Mary streets, has an underground cellar but poorly ventilated by two small windows. The cellar is flooded in the spring and fall, and can be used only during the dry seasons of summer and winter. The streets are not drained, but the house is built over an old drain which is now closed at both ends, though not filled up in its length. The house, as well as the Appleton Sewing Machine Factory at which he worked, is supplied with the city water, and he is quite certain that while in Hamilton he never drank other than this water. At the farm and probably at Port Hope he drank well water. The milk used was from their own cows. He had not visited any sick person.

In all likelihood this case was caused by the emanations from the old unused drain, for no other probable cause can be found,—the water used up to the 1st, when he became ill, was the city water which comes direct from Lake Ontario, and the milk was uncontaminated, for no case occurred among the members of three other families who then used it; nor was he, so far as known, exposed to contagion,—and in corroboration of this view, viz., of the poisonous emanation, it is to be remarked that he alone of the family of three, slept in the room down stairs immediately over the cellar.

So far as can be found, this case arose *de novo*, for no other cases had occurred previously in the neighbourhood (strict inquiries were made), and this was the first case reported to the Fever Committee of the Hamilton Medical and Surgical Society for the summer of 1873.

E. W——'s motions, not disinfected, were thrown into the common privy in the yard.

Case II.—Aug. 22nd, 1873.—Rebecca B——, æt. 16. Has been feeling sick for eight or ten days, but only confined to bed for three; has had chills and sweats, with severe headache, of which she chiefly complains. (She is a niece of Edward W., and went to her grandfather's house on the 17th of July to assist her grandmother in nursing and to do the washing and cooking. She remained with them till the 14th of August, when she accompanied a lady as her servant to Hespeler, and on that night was seized with severe headache and pain in the back, and on the following day returned to Hamilton and went to her father's house).

Anorexia marked; thirst great; bowels confined; perspired freely last night; tongue moist. Pulse, 96; temperature, 104⅘° F. No tenderness in R. iliac fossa, and no spots. Milk ordered, and 15 minims of dilute hydrochloric acid in water every three hours.

August 23rd.—Slept pretty well; headache not so severe; no motion. Pulse, 92; respirations, 16; temperature, 104° F. Tip and edges of tongue red, centre coated with white fur. To get a dessert-spoonful of castor oil.

August 24th.—Five motions, the last is watery, with ochery coloured flakey masses in it. Little sleep. Headache continues. Pulse, 90; respirations, 20; temperature, 103⅘° F. 15 grains of hydrate of chloral ordered at bed-time. The motions which were thrown into the privy in the yard, are in future to be carried at once and buried at some distance from the house.

August 25th.—Slept well; headache relieved; no motion. Pulse, 86; respirations, 24; temperature, 103⅘° F.

August 26th.—Slept well. Pulse, 92; respirations, 20; temperature, 103⅘° F. Takes plenty of milk.

August 28th.—One motion, semi-solid, of a light yellow colour; has a slight cough. Ronchi heard here and there in chest. Pulse, 98; respirations, 24.

August 29th.—One motion. Slept well. Pulse, 92; temperature, 102° F.

August 30th.—One motion. Slept well. Pulse, 90; temperature, 101⅘° F. Is quite deaf; no earache. Tongue moist and clean. Gurgling in R. Iliac fossa.

August 31st.—Four motions like pea-soup. Pulse, 90; temperature, 101⅘° F.

September 1st.—Four motions. Temperature, 100° E.

September 4th.—Was seen each day, but no notes were taken. Bowels moved each day; appetite returning. Pulse, 84; temperature seems normal.

September 17th.—Has been sitting in the rocking chair since last note, and has been allowed, contrary to orders, to eat what she liked. For three days she had been feverish and thirsty, and to-day complains of abdominal pain. Abdomen distended and tender. Pulse, 100; respirations, 30; temperature, 103⅘° F. Milk diet and acid mixture resumed.

September 18th.—Five loose motions. Abdomen not so tender. Pulse, 100; temperature, 101⅘° F.

September 19th.—Four loose motions. Pulse, 104; temperature, 102⅘° F.

September 20th.—Slept well and feels better. Pulse, 84.

In a day or two she was allowed to sit up; and she did well till the 13th of October, when she had another relapse, which confined her to bed for four or five days. Convalescence afterwards advanced to complete recovery.

As the preceding cases are those which impressed me with the contagiousness of this disease, it may be as well now to direct your attention to the family of E. B., into which the fever was imported. The family, which consisted of the father and mother and the children, who then numbered eight, had occupied for some years the house No. 216 North John street, on the north-east side of the railway embankment, which is 20 feet high; and during that time no case of fever had occurred. The sleeping apartments, consisting of two small rooms opening into the larger one, are on a level with the street; below there is a store-room and kitchen, lighted only from the back, and never used as a sleeping apartment, which communicates with the rooms above by a closed-in stair built outside of the dwelling. The house, excepting by its situation on the edge of the embankment, is not drained. The well behind the house, which is in close proximity to three privies, supplies them and three other families with water, and was used by them up to, and for three weeks contrary to directions after, R. B.'s return home. The city water was afterwards used by the family. The other families, who continued though warned, to use the well water, did not take the fever. The milk was supplied by their grandfather, who sold it to other families, who did not contract the disease; the milk cans were wrinsed in city water. Up to the 24th August, R. B.'s stools, not disinfected, were thrown into the privy, but afterwards they were taken and buried at the bottom of the railway cutting, as were the motions of the succeeding cases. No member of the family, with the exception of the father, mother and R. B., visited their grandfather's house, which is nearly a mile distant from theirs, during E. W.'s illness.

Case III.—August 28th, 1873.—A. B., female, æt. 6 years. Acid mixture was prescribed on the 26th when my attention was first directed to her case. During the past two days she has been in a high fever, and the bowels have been loose. Pulse, 120; respirations, 50. Tongue red and dry. Snoring râles heard over the whole chest. Poultices to the chest ordered.

August 29th.—Raved during night; had little sleep; takes very little milk, but drinks large quantities of water. Five loose motions. Abdomen swelled, and tenderness in R. Iliac fossa. A few rose coloured papules on abdomen. Pulse, 135; respirations, 48; temperature, 103 2-5° F. 8 grains of chloral hydrate to be given at bed-time.

August 30th.—Dosed most of the night. No motion. Tongue moister; has taken 1½ pints of milk. Pulse, 136; respiration, 52; temperature, 103° F. To take mixture containing Vin ipecac and Sp. ammon. ar.

August 31st.—Five loose motions of a light yellow colour; passed three round worms. Three or four new spots on abdomen. 1½ pints of milk taken. Cough softer. Pulse, 136; respirations, 50; temperature, 103° F.

September 1st.—Two pints of milk taken. Tongue brown and dry; lips cracked. Pulse, 136; respirations, 40; temperature, 101 3-5° F. Two loose motions. Seven round worms passed. To take acid mixture.

September 2nd.—Slept well; tongue moister. Abdomen larger. One loose motion. Pulse, 140; respiration, 36; temperature, 102° F.

September 3rd.—One loose motion. Pulse, 140; respiration, 40; temperature, 102° F.

September 4th.—Did not sleep so well. One pint of milk taken. Abdomen tympanitic and tender. Seven loose motions. Pulse, 130; respirations, 40; temperature, 101° F. To have 8 grains of chloral hydrate at bed-time.

September 5th.—Slept well; taken 1½ pints of milk. Seven loose motions. Pulse, 120; respirations, 40; temperature, 101° F.

September 6th.—Taken 1½ pints of milk. Six loose motions. Fresh spots on abdomen. Pulse, 130; respirations, 36; temperature, 100⅔° F. To take chalk and catechu mixture.

September 7th.—Six motions. Slept well. Pulse, 108; respiration, 30.

September 8th.—Three motions. Slept well. Pulse, 126; respiration, easy; temperature, 99 2-5° F. Abdomen not so tense. There are several rose-coloured blotches on body and two on face.

September 10th.—Two motions. Pulse, 110; respirations, 28; temperature, 99 2-5° F.

September 15th.—One motion daily since last note. Takes plenty of milk. Abdomen still tympanitic. Pulse, 115; respiration easy; temperature, 100 1-5° F.

September 17th.—Pulse, 118; respirations, 38; temperature, 101 2-5° F. Wheezing in chest greater. Poultices ordered.

September 20th.—Three motions since yesterday. Pulse, 134; respirations, 34. Quinine was added to the acid mixture.

No further notes were taken. Child recovered.

On the supposition of contagion, the period of incubation in this case must have been from six to seven days, for R. B. returned on the 15th and A. B. was in the second week of the fever (from the presence of the spots) on the 29th. This period is shorter than that usually allotted, but equally short periods have been observed.

Case IV.—September 20th, 1873.—Minnie B., æt. 8. Has been languid and lying about the house for several days, and for two days has complained of headache. There is thirst and loss of appetite. Pulse, 100; temperature, 99 4-5° F. Ordered milk and acid mixture.

October 2nd.—Was not confined to bed till the 31st of September. Bowels confined. Vomited once to-day. Face flushed. Tongue moist, covered with greyish white fur in centre; its tip and edges red. Pulse, 120; respirations, 30; temperature, 103 1-5° F. No spots. Abdomen natural. No gurgling.

October 5th.—On the 3rd, got a dose of castor oil, which operated three times. Has vomited several times; does not take much milk. Tongue not so moist; lips dry and cracked. Pulse, 116; respirations, 30; temperature, 103 2-5° F.

October 7th.—Was restless during night. One motion since last note. Pulse, 110; respiration easy; temperature, 103° F.

October 13th.—Bowels moved by castor oil. Pulse, 96; temperature, 101 1-5° F.

October 15th.—Pulse, 84; temperature, 100⅘° Sleeps well; does not wish for solid food; thirst moderate.

October 21st.—Bowels moved once daily since last note, till last night, when diarrhœa set in. Eight characteristic motions passed. Pulse, 120; respiration easy; slight cough; temperature, 104 2-5° F. Abdomen tympanitic and tender. Poultices to abdomen and one pill of lead and opium ordered every four hours.

October 22nd.—Slept pretty well. Ten loose motions, but none during last three hours. Abdomen very tympanitic. 1½ pints of milk taken. Pulse, 130; respirations, 28; temperature, 104° F. To have 25 minims of laudanum in a teaspoonful of thin starch as a clyster after each motion.

October 23rd.—Was restless and complained of abdominal pain during night. Three motions. Pulse, 134; respiration easy; temperature, 103 2-5° F. To get ten grains of chloral hydrate at bed-time.

October 24th.—Restless night. Six motions. Pulse, 140; temperature, 104° F.

October 25th.—Slept pretty well. Two motions. Pulse, 130; temperature, 103 2-5° F. Aromatic sulphuric acid and quinine mixture ordered.

October 26th.—Restless night. One motion. Abdomen less tympanitic and not so tender. Pulse, 130; temperature, 103 1-5° F.

October 27th.—Slept well. One motion. Pulse, 132; respirations, 34; temperature, 102° F.

October 29th.—Slept well. Two motions. Pulse, 122; temperature, 102 2-5° F.

October 31.—Slept well. Three motions. Pulse, 120; temperature, 103° F.

November 2nd.—No motion during past forty-eight hours. Pulse, 120; temperature, 99 2-5° F.

November 3rd.—Three motions. Pulse, 116; temperature, 100° F.

November 7th.—Sleeps well and now asks for solid food. Pulse, 100; temperature, 100° F.

November 9th.—Is sitting up in bed. Pulse, 98; temperature normal. A little solid food allowed.

November 12.—Convalescent.

CASE V.—October 11th, 1873.—Emily B., æt. 15.—Three days ago she had an epileptic fit, (for two years she has been subject to them, which occur generally before each period of menstruation), and since has been suffering from pains in her limbs and back, from headache, loss of appetite and thirst. Pulse, 96; respiration easy; temperature, 100 1-5° F. Ordered milk diet and the acid mixture.

October 13th.—Pains in limbs continue, but not so severe. Has slept well. One dark colored motion each day. Menstrual discharge present. Pulse, 96; temperature, 101 1-5° F.

October 18th.—Has slept well. During last two days has vomited frequently and now complains of epigastric pain, but this region and that of R. Iliac fossa are not tender. Gurgling present. Tongue clean; edges very red. Pulse, 96; temperature, 101 4-5° F.

October 21st.—Abdominal tenderness. Two loose motions. Pulse, 94; temperature, 103° F.

October 22nd.—No motion. Pulse, 96; temperature, 103 2-5° E.

October 24th.—One motion. Pulse, 96; temperature, 102 4-5° F.

October 28th.—One motion. Pulse, 90; temperature, 102 2-5° F.

October 29th.—Had a fit during night. Four loose motions containing blood during night. Pulse, 100; temperature, 100° F.

October 30th.—Three loose motions; has vomited frequently. Pulse, 100; temperature, 103 4-5° F. Lime water to be added to milk.

November 2nd.—Feels much better; has a slight cough. Three motions since yesterday. Pulse, 84; temperature, 101 2-5° F.

November 4th.—Four loose motions. Pulse, 94; temperature, 103° F.

November 7th.—Four loose motions. Pulse, 98; temperature 104° F. Abdominal tenderness slight.

November 9th.—Three loose motions. Temperature, 100 2-5° F. Abdomen and chest covered. with sudamina.

November 12th.—Four motions. Pulse, 100; temperature, 100 2-5° F. A fit this morning.

November 16th.—Keeps well; is inclined to eat solid food. Pulse, 96; temperature, 99° F. Feels much better.

Recovered by December 1st.

CASE VI.—November 12th.—Ada B., æt. 3½ years. Has been cyanotic since birth. The duskiness, though general, is chiefly observed on lips, fingers, toes, ears, tongue, etc. Eyeballs prominent and congested. Fingers and toes bulbous. Her mother states that when she takes cold, which she does very easily, her breathing becomes short and laboured; in other respects she has been quite healthy. She is an exceedingly bright, active and intelligent child, and is the pet of the house. Apex beat in line with nipple; cardiac dulness slightly increased; no murmur. On Sunday the 9th she had a severe chill, followed by abdominal pain and pain in head, of which she now complains. Has slept but little; thirst great. On the 10th she passed three loose, watery motions, and yesterday four. Abdomen swollen, tense and painful. Pulse, over 120; very weak; respiration, 26; temperature, 104° F. Poultices to abdomen. Milk diet and acid sulph. ar. mixture ordered.

November 13th.—Pulse, 130; respirations, 26; temperature, 103 2-5° F. Slept pretty well. Five loose motions. Abdomen not so tense. Lips dry and cracked. Took one pint of milk.

November 14th.—Two loose motions. Abdomen much the same. Did not sleep so well. Pulse, over 126; temperature, 103° F.

November 15th.—Slept pretty well. Bowels moved frequently in bed, apparently without control. Motions very watery. Pulse, 134; temperature, 102 4-5° F.

℞.—Plumb. Acetat., grs. ij.
Pulv. Doveri, grs. iij.—M.
FT.—Pulv. et mitte tales. X.
SIG.—One every 3 hours.

November 16th.—Slept well. Taken one pint of milk. Three motions. Pulse, 100; temperature, 101° F. Acid mixture resumed.

November 17th.—Slept well. One motion. Pulse, 120; temperature, 100 4-5° F.

November 19th.—Slept well, and takes plenty of milk. One motion. Pulse, 108; temperature, 99° F.

November 21st.—Slept well, and takes plenty of milk. Asks for bread and butter. One motion yesterday and to-day. Pulse, 96; temperature, 98 2-5° F.

November 22nd.—Sudamina on chest and abdomen. Feels and looks much better; plays with her toys.

November 25th.—Is sitting up in bed, laughing and playing.

Convalescent.

CASE VII.—November 16, 1873.—Sarah B., æt. 7 years. Has been complaining more or less for a week or ten days past, but as she was not confined to bed, my attention was not directed to her till to-day. She has been dull and heavy, and has complained several times of being chilly; at times she has been quite hot and feverish. She is thirsty and has lost her appetite. There has been no vomiting or diarrhœa, but the bowels have been moved each day without medicine. Pulse, 120; respiration easy; temperature, 101 2-5° F. Tongue moist and covered with a white fur, except at the tip and edges, which are red. No spots or abdominal pain.

November 17th.—Slept well; headache gone. Pulse, 100; temperature, 101 4-5° F.

November 19th.—Takes plenty of milk; no desire for solid food. Pulse, 100; temperature, 100 2-3° F.

November 21st.—Pulse, 100; temperature, 100 2-5° F. Bowels confined for two days.

November 25th.—Pulse, 98; temperature, 100° F.

No further notes taken, as patient gradually recovered without a bad symptom.

CASE VIII.—November 28th, 1873.—Robert B., æt. 40. Was taken ill he thinks on the 24th, and since that time has suffered from pain in his back and limbs. He continued at his work as a switchman till to-day, when he was compelled by weakness and the pains to keep to the house. Has lost flesh and has little or no appetite; is thirsty. Pulse, 76; respiration easy; temperature, 100° F. Bowels moved by medicine. Tongue clean, but indented at the edges. Milk and acid mixture ordered. Confined to bed.

November 29th.—Slept well. Has taken 1½ pints of milk and a little toast. Complains of dull aching pain in small of back. Bowels moved once without medicine. No abdominal pain; no spots. Pulse, 84; temperature, 100° F.

November 30th.—Pulse, 82; temperature, 100° F. One motion.

December 2nd.—Slept well. Two motions during last twenty-four hours without medicine. Pulse 70; temperature, 99 2-5° F. Quinine with acid mixture ordered.

December 4th.—Bowels moved each day. Pulse, 80; temperature, 99 3-5° F.

December 6th.—Has taken plenty of milk and some bread; has no inclination for solid food. One motion each day. Got out of bed yesterday, but was glad through weakness to return to it at once. Pulse, 72; temperature, 98 2-5° F.

December 12th.—Has been out of bed each day since last note. His strength is returning and also the appetite. Bowels have been regular. Convalescent.

CASE IX.—December 10th, 1873.—Frederick B., æt. 2 years. Has been ailing, his mother says, for more than a week past, during which time his bowels have been loose. During the day he always seemed better, and my attention on this account was not directed to him; but each night he has been hot and feverish. He has lost all appetite and has been very thirsty. Limbs soft. Pulse, 120; temperature, 101 3-5° F.

℞.—Plumb. Acetat.
Pulv. Doveri, aa. gr. i.—M.

FT.—Pulv. et mitte. tales, VI.

SIG.—One every 4 hours.

December 11th.—Passed a restless, feverish night. Two loose motions. Abdomen tympanitic and painful. Several spots noticed on abdomen. Pulse, 135; temperature, 102° F. Is taking a pint of milk daily.

December 12th.—At night is restless, but during the day sleeps a good deal. Six loose motions passed in bed. Tongue white in centre and red at edges. Pulse over 130; temperature, 103 3-5° F.

December 13th.—Two loose motions. Restless

night. Pulse about the same; temperature, 103° F.

December 15th.—Slept well; takes plenty of milk. Three motions, not so watery as before. Temperature, 103 4-5° F.

December 17th.—General appearances better; is very cross, One motion. Temperature, 102° F.

December 19th.—Asked to-day for bread. One motion. Pulse, 118; temperature, 101 4-5° F.

December 23rd.—On the 21st the bowels were loose, but since have been costive. Is livelier and wishes to play, but is very weak. Pulse, 104; temperature, 98 4-5° F.

December 27th.—Sleeps well, and now takes solid food. Strength returning. Pulse, 108; temperature normal. Bowels moved each day. Convalescent.

It has been, and may be disputed whether or not similar cases to Nos. VII. and VIII. should be called enteric; but the fact that these two occurred in succession to undoubted cases of this disease, and were followed by one marked case of Enteric Fever in a child, will be sufficient proof to many that these were mild examples of the same disease. These were cases of fever, and by exclusion they can be no other than enteric, though wanting the rash and enteric symptoms. The duration was too great for simple continued fever; and I know not any class of fever excepting Enteric to which they could be assigned.

Regarding the absence of enteric symptoms, it may be as well to quote the following sentence from the last edition of Sir Charles Murchison's treatise on continued fever, page 647: "In most of the mildest cases of enteric fever, there is never at any time diarrhœa, the absence of which is in itself a favourable indication.

With the facts that have been stated there seems little need of giving reasons why the spread of the disease should be thought due to simple contagion, without the aid of polluted ingesta, which are the ordinary means by which it is carried from one to the other. The disease was not spread by the water, for the city water which was used during most of the time is pure, and could not have been contaminated; and the well water which was drunk by them for a few days after R. B.'s return did not give rise to it in the other families. That other families used milk from the same source without infection, is proof that it was not the cause nor the means of its spreading.

The stools of R. B., passed during the first few days of her illness, were thrown into the common privy; but it is hardly credible that the air polluted by them should have affected those using the place two months afterwards, especially when we remember that these were the cold months of October and November. It is most probable that the disease was spread by the contaminated air in the house, or by actual contact—one body with the other.

Former experience had led me to believe what is generally taught, that the disease is not in the strict sense of the term, contagious; and even now, while believing fully in its contagiousness, I must consider it but mildly so, for imported cases have occurred in large families under my care without spreading, and that without the use of disinfectants, but in houses well ventilated and under far more favourable circumstances for the isolation of the patients.

May not the cases which follow in succession in a house, and which are generally attributed to the cause which produced the first, be due frequently to contagion?

These cases have taught me that it is as much the duty of the physician to order the use of disinfectants to the motions, clothing, &c., and in the room, as to prescribe for the patient under his care.

PATHOLOGY AND TREATMENT OF VARICOCELE.

BY J. LIZARS LIZARS, SURGEON, TORONTO.

Notwithstanding the fact, that every student of medicine and medical man, at one time or another, has had an intimate knowledge of anatomy; nevertheless, the lapse of time—fortunately for the human race—begets forgetfulness, and therefore I begin this article with a refresher, (not of the kind used in the Tichborne trial) on the anatomy of the spermatic veins and other constituents of the spermatic cord, as, by a correct knowledge of their anatomy, can the surgeon alone properly diagnose and treat the affection under consideration.

Leaving out of view the skin, superficial fascia, or fatty layer beneath the skin—which, however, be it remarked, diminishes very sensibly in thickness as we descend from the abdomen to the scro-

tum—and the delicate layer formed by the prolongation of the inter-columnar fascia, we find the cord proper, composed of the cremaster muscle, the prolongation of the infundibuliform process of the fascia transversalis, the sub-peritoneal fatty layer—which, like the superficial fascia, loses its fatty matter more and more as it descends—the spermatic vein, the spermatic artery, nerves and the vas deferens.

Now, first let me point attention to the spermatic veins. These commence in a plexus around the seminal tubes, and leave the testicle at its posterior border, between the reflections of the tunica vaginalis (visceral and parietal layers), then form a plexus around the cord which ends, usually, in one vein ere it enters the inguinal canal. In this part of its course, it lies superficial and rather external to the artery and vas deferens, and keeps this relation through the canal. The right vein, dividing into two branches in the abdomen, passes along with the artery for some distance; these then join to form one vein, which, leaving the artery, enters the vena cava ascendens obliquely, its current thus mingling *easily* with the upward current of the vena cava. In its upward passage, the right vein lies rather internal to the caput cœcum coli. The left vein, after entering the abdomen, like the right, accompanies the artery for a time, but finally leaving the artery, pours its stream of blood into the left renal vein, at a right-angle with the current of the latter. Furthermore, in its passage upwards, it is crossed by the sigmoid flexure. In these anatomical relations of the two veins, we have the explanation of the fact observed in practice, viz., that varicocele is more frequent on the left than on the right side. The right vein is unobstructed by accumulations of hardened fæces pressing upon it, and its current flows in the same direction as the major current it has to join; whereas the left vein is liable to be pressed upon by hardened fæcal matter in the sigmoid flexure of the colon, and its small current is liable to further obstruction, as it has to empty itself at a right-angle into the greater current of the left renal vein.

In structure, these veins, like others, possess a delicate internal lining membrane, with epithelium, a middle partially elastic and muscular coat, and an external one of connective tissue; the middle coat being weak. Veins do not contract like arteries, and so, when subject to pressure from within, are more liable to dilatation than the latter, and have not the same power of regaining their normal size; at the same time they become elongated and tortuous, or varicose.

The spermatic arteries having emerged from the external abdominal ring, posterior and internal to the vein, but rather external and in front of the vas deferens, pass downwards towards the posterior border of the testicle, dividing and becoming very tortuous, and after giving branches to the epididymus, are distributed to the testicles.

The vas deferens, having left the epididymus, passes upwards, rather behind and internal to the other structures of the cord, to the external inguinal ring. In this course, it is straight, and can be at once recognized by its firm, whipcord-like feel, when grasped by the thumb and forefinger.

The nerves supplying the testicle are branches of the spermatic plexus of the sympathetic. They reach the organ along with the spermatic artery. The nerves supplying the cremaster and other structures of the cord are, the subdivisions of the inguinal branch of the ilio-inguinal, and genital branch of the genito-crural.

Varicocele consists of a dilated and excessively tortuous state of the spermatic veins, between the epididymus and the external abdominal ring, where it ends—never, except in rare cases, continuing through the canal. The dilatation may be dependent upon weakness of the coats of the veins, the consequence of previous phlebitis; the deposit of tubercular* matter between the coats; destruction of the valves, more or less complete; the presence of phlebolites, or the simple forcing back of the current by obstruction of any kind.

Although a person might think, after having seen a well marked case of varicocele, that it must be impossible to mistake it for any other disease; nevertheless, surgeons and physicians of considerable eminence have mistaken it, especially for hernia. (Only a few weeks ago, a young man consulted me, wishing to know if there was any radical cure for hernia. On making an examination, I found he was wearing a very elegant truss, that he had a large varicocele, and that his medical attendant had assured him he was ruptured and must wear a truss for the rest of his life.)

* Rokitansky, vol. 4, p. 359, says, "Tuberculosis does not occur either in or on the blood-vessels.

Such being the case, we must look carefully at its diagnostic points :

From hydrocele, by its not being transparent, not fluctuating, and by its disappearing when in the recumbent position, and re-filling on again assuming the erect position.

From hæmatocele, by want of fluctuation, subsidence on lying down, etc., as above.

From all tumors of the testicle, by the last-mentioned sign, and by freedom from pain on pressure.

From hernia, by its beginning from below and extending upwards, stopping at the external inguinal ring, want of impulse on coughing, absence of any sound on auscultation or percussion, and in all of these by the peculiar "bag-of-worms" feeling when manipulated between the finger and thumb. As, however, cases may arise where the veins have suffered from acute or chronic inflammation, matting them together, thickening their coats, and throwing out deposit around them, the surgeon cannot always rely on the peculiar feel of the tumor, but must take the history of the case and the other tests as his guide to diagnosis.

With regard to the treatment of this disease, some surgeons (authors) consider it such a trivial complaint, that they advise it to be left alone ; others content themselves by ordering the patient to wear a bag-truss ; others add to this, evaporating lotions, astringents—as bathing the parts with cold water, tan-bark water (hemlock or white oak bark), ointments of tannin or gall nuts, etc. Some patients, however, are so annoyed by the extremely pendulous nature of the diseased organ (reaching, as it may, half way down the thigh, thus totally unfitting the sufferer from horseback or other exercises), that something more radical *must* be done. Under these circumstances, operative surgery comes to his relief, and a great number of means have been devised at different times, and by different surgeons, to obtain this end. Some of these I may mention, but it would take up too much of your space for me to describe them all.

1st. Adhesive plaster may be applied, as for orchitis. Tedious and irksome.

2nd. Collodion, or Richardson's colloidal styptic. Tedious and irksome.

3rd. A portion of the lower part of the scrotum may be removed by the knife or scissors, the testicle having first been pushed well up and kept out of the way by an assistant, and the edges of the wound then brought together by sutures.

4th. A longitudinal incision may be made, to expose the veins, and pledgets of lint inserted and left in, until suppuration takes place, and the veins become obliterated by the inflammation. (Surgeon's vade mecum.)

5th. The veins may be divided subcutaneously, and a pad or bandage (or adhesive plaster) applied, as after bleeding.

6th. A truss, as for hernia, may be worn, pressing on the vein, but (if possible) not on the artery. (Curling, as reported in Holmes' System of Surgery, 1st. Ed., vol. 4, p. 14.)

Various other modes of obliterating the enlarged veins have been adopted, and I shall now detail one I have used successfully.

B. G., a gentleman of education, æt. 35, and over five feet in height, having suffered from varicocele of the left spermatic veins, and having tried cold water, astringents, the suspensory bandage, and ultimately a well-fitted truss, without avail, consulted me several months ago, desirous to have some more definite treatment, and willing to undergo any operation. I determined upon ligation of the enlarged veins, two in number. I accordingly adopted the method proposed by M. Ricord. (See Guerin's "Chirurgie Operatoire," and described also in Holmes' "Surgeons of England," 1st Ed., p. 614, by Mr. Curling.)

The vas deferens, known by its situation and whipcord-like nature, and the spermatic artery or arteries, known by their pulsation, having been made out and separated from the veins, and entrusted to an assistant ; the veins are then, with the superficial structures, seized by the left hand and pulled gently forward and away from the vas deferens and artery ; whilst, with the right hand, is passed a needle, with an eye at its point and set in a handle, armed with a thread of silk or silver-wire, behind the veins. The point having emerged through the scrotum at the opposite side, the loop of ligature is taken up with forceps, and drawn out an inch or more, and the needle withdrawn. The needle being again armed with a thread, is introduced through the opening of exit of the last, and passing between the veins and the skin, is made to emerge at the opening of entrance of the first ligature. The thread being again seized as before, and the needle withdrawn, we have now

a double ligature, both below and above the veins, and a loop at each side. Now pass the free ends of the ligatures through the loops on their respective sides, and by making gentle traction on the free ends, the loops will gradually disappear beneath the skin, and finally constrict the veins. This being accomplished, the ligatures on each side may be made fast, as in a quilled suture (two small corks answering the purpose well). No particular pain or inflammatory action took place. The bowels were regulated by diet, and at the end of fifteen days I drew the ligatures away through the one side, showing that the veins had been divided, and the blood from the testicle had found new channels for its return to the body. The patient has since kept well, and quite relieved from his former annoyance.

Although the operation described has relieved the patient for the time, and, it may be, permanently, it is well to let him wear his suspensory bandage and use cold ablutions during warm weather, and inform him that the same causes which originally produced the disease, may cause its return; for, should it return, it will save the surgeon from blame.

For the following modification of the knot used in securing the veins, I am indebted to my patient.

Take one thread, double it and place it between the middle and ring fingers, with the loop to the back of the hand. A second thread is then placed double between the fore and middle fingers, with the loops to the palm. Now pass the free end of the single thread nearest the tip of the fingers of the upper two through the lower loop, and the free end of the single thread nearest the palm of the under series, upwards through the upper loop, and pull gently on both free ends in opposite directions, and you will find that the middle finger (representing the vein to be ligated) is firmly constricted by a single thread, and that if this thread is slipped off the finger (representing the division of the vein), the two double threads will separate from one another, and can thus be drawn out of the orifices by which they respectively entered.

By adopting this knot, but one strand encircles and constricts the vein, and you are saved the trouble of pulling a knot and the double thread of one side completely across the parts from opening to opening.

In conclusion, I would remark that, fifty years ago, any interference with a serous membrane was looked upon as excessively hazardous; and my late uncle, Prof. Lizars, of Edinburgh, was spoken of by Liston and Syme as reckless of human life, and deserving punishment for manslaughter, consequent upon his introducing the operation of ovariotomy to the notice of British surgeons.* What is now the verdict of the profession? In the same manner, surgeons at that time had a holy horror of any interference with veins, as by section or ligature, although hardly a day would pass that they did not open one or more to "let blood." Now-a-days, the surgeon does not hesitate a moment about tying a vein during an operation, if deemed necessary, and, according to my own observation, without any particular inconvenience.

Such being the case, I can see no sufficient reason to deter us from giving patients such relief as we can, by operating on cases of varicose veins, even though that relief may be but temporary.

ACCIDENTAL POISONING FROM THREE AND A QUARTER GRAINS OF STRYCHNINE.

UNDER THE CARE OF DRS. CARBERT AND HENRY, ORANGEVILLE, ONT.

(Reported by Dr. Carbert.)

Thinking that an account of the above case, with the treatment pursued, might be interesting to the readers of the CANADA LANCET, I have taken the liberty of sending it for insertion in your valuable journal.

On Sunday morning, August 9th, of the present year, I was sent for about nine o'clock, to see a young man of the name of George Finlayson, of this town, a cooper by trade, who was reported to be dangerously ill. On proceeding to the place, I found the patient sitting by the counter in one of our principal drug stores. There was a collapsed appearance about the case, with constant twitchings and spasm of the muscles. He complained of having lost the use of his legs, and felt a great dizziness, with confusion of ideas. I was informed by the proprietor of the store, that on the previous evening he had mixed some worm powders for the patient, consisting of thirteen

* See Simpson on Ovariotomy.

grains of santonine with some scammony and rhubarb; that he had intended to divide the powder into three, but had ultimately made four doses of it, and that the patient had taken one of them about thirty minutes previously. I learned from Mr. Finlayson himself, that in two or three minutes after swallowing the powder, he felt ill, but had nevertheless taken a few mouthfuls of breakfast afterwards, when, finding himself getting rapidly worse, he got two of his comrades to assist him to the drug store where he had procured the medicine. I at once saw that a serious mistake had occurred, and the druggist—greatly alarmed—candidly informed me that he was afraid he had given strychnine instead of santonine. I immediately had the patient carried up stairs, and proceeded to administer an emetic of thirty grains of zinci sulphas. Some little confusion ensued in getting him up stairs, and it would be from thirty-five to forty minutes from the taking of the powder until the administration of the emetic. Having waited four or five minutes, and no emesis taking place, I gave forty grains more, and procuring some warm coffee, I gave him four or five cupfuls in rapid succession, and soon afterwards a copious vomiting ensued. It was, however, with great difficulty that he could be induced to swallow anything, as every attempt at deglutition produced violent spasms of the muscles of the pharynx. I attempted to administer chloroform by inhalation, but the patient resisted so violently, that I employed two or three persons to rub the upper and lower extremities and the whole length of the spine with it, giving at the same time dram doses internally. A mixture of spts. camph., tinct. valer. and tinct. aconit. was given every five minutes. This treatment was pursued for three hours, with intervals of relief; but, on the whole, the case gradually grew worse. The convulsions and tetanic spasms increased in violence, and I requested a consultation. Dr. Henry, of this place, was called in. This gentleman fully approved of the treatment which had been pursued, and suggested the application of ice to the nape of the neck, which was immediately adopted, although, from the violent convulsions, it was with great difficulty that any application could be made. No relief having been obtained, we gave half a grain of sulphate of morphia, and injected hypodermically into the arm a solution of veratria; but, from the violent actions of the patient, this was only partially performed. The constant use of chloroform and sulphuric ether had filled the room with the vapour of these drugs, which the patient constantly breathing, had, to a great extent, the same effect as direct inhalation, every attempt at which was violently resisted. Notwithstanding all our efforts, the case grew more desperate—the spasms and convulsions were frightful to behold; trismus set in—the patient became unable to swallow anything; the veins of the head, neck, and face became highly turgid, and a state of insensibility ensued, which lasted for about three hours, although the convulsions hardly ever ceased. During all this time the thorax and neck were rubbed with sulphuric and hydrochloric ether, with what effect, or if with any, cannot be distinctly told. About six hours after swallowing the poison, the convulsions culminated in two of the most frightful and protracted attacks of opisthotonos either of us had ever beheld, and for a moment afterwards we pronounced the patient dead. A deep gurgling in the throat with two or three spasmodic attempts at inspiration, however, convinced us of our mistake, and the patient began slowly to rally. The breathing which was as low as seven per minute began to improve, the trismus relaxed, and partial consciousness returned. The respiration, however, was at this time almost entirely abdominal, the muscles of the trunk being violently contracted, held the chest completely rigid and immovable. The spasms, however, were less violent, the breathing, although sighing and difficult, gradually improved, and after the lapse of nine hours from the taking of the deadly drug we entertained hopes of his recovery. These happily proved correct, for the spasms after having continued altogether twelve hours, ceased, and the exhausted sufferer sank into a comparatively quiet slumber. After an uninterrupted attendance of fourteen hours we retired, exhausted and stupified with the etherous vapours we had so long inhaled. On visiting the patient next morning he was found to be perfectly conscious; there was, however, a considerable amount of cerebral congestion with fever present. Bags filled with ice were kept to the head, and a saline mixture with tinct. aconite administered. The case rapidly improved; the bladder slowly, but gradually, recovered its functions; the bowels after an enema became regular, and on the third day after the accident our citizens

were astonished at seeing the sick man out on the street, complaining only of debility and weakness in the extremities. During the whole attack the condition of the patient's pulse was favourable, generally ranging at 90 and rising occasionally to 125 per minute. During the first part of the attack the muscular contractions were more violent in the lower than in the upper extremities; in the latter part of the case the upper extremities, including the face and neck, were most violently affected. When consciousness had fully returned the face, and especially the nose, was for many hours affected with a violent itching.

The above may be regarded as a plain statement of facts without any attempt at theorising. It is quite possible that more scientific measures might have been adopted in the treatment, but in the hurry and excitement of a violent case, experienced for the first time in a practice of twenty-two years duration, little time is allowed for reflection, and still less for reference to recognized authorities. All that the practitioner can hope to do is to carefully note the symptoms and treat them as they occur. The quantity of strychnine can be accurately estimated. Thirteen grains were weighed out, and having been triturated with the scammony and rhubarb were divided into four powders, each of which must have contained 3¼ grains, quite sufficient to cause death, according to all recognized authority. For many hours the case was considered utterly hopeless, and either from the inherent strength of a good constitution, or from the treatment adopted, or perhaps from both combined, life was prolonged until the violence of the poison had exhausted itself.

Correspondence.

DR. KERR'S DYSENTERY REMEDY.

To the Editor of the LANCET.

SIR,—As a good deal has been said lately about Dr. Kerr's various combinations for dysentery diarrhœa, &c., and as I have now given the medicine a lengthened trial, I beg leave to give the readers of the Lancet the result of my experience. The first case in which I tried the digitalis combination was of diarrhœa occurring after labour, which run into chronic dysentery. I tried all my remedies, and at last was at my "wits end"—when Dr. Worthington, of Clinton, being called in consultation, proposed Dr. Kerr's digitalis combination, and within one week the patient was completely cured. Without it I feel sure the woman would have died, as nothing seemed to have any permanent effect upon the disease.

My attention had previously been drawn to the medicine by Dr. McLean, of Goderich, who—to use his own words—said it was "the greatest discovery in medicine that had taken place during the present century"—but I had delayed getting it, and it was not until Dr. Worthington recommended it that I resolved to try it.

The next time I used the medicine was in several typhoid fever cases, and I never found anything answer half so well in the diarrhœa attending this disease. It never failed to control hemorrhage from the bowels, and give the patient five or six hours of peaceful sleep, which no other remedy ever did in my hands. After the patients once had a good trial of it, they would take no other remedy, they were so thoroughly satisfied of its efficacy. I would recommend it in such cases with all my heart. I have used it also in the wasting diarrhœa of the last stage of phthisis, and have had the patients asking with tears in their eyes for "that green powder." Here the sleep was quieter and more natural, with less injurious effects on the appetite than any other remedy I could use. The digitalis combination was used in all the above cases, but in the diarrhœa of children I have invariably used the squill combination, uniting it with $\frac{1}{15}$ gr. of opium or more, according to the age of the child. I feel satisfied that it saved the life of my own child, a boy of seventeen months. He was fifty miles from home, along with his mother, when the diarrhœa began, and it was entirely unchecked for eight days. At last his mother got alarmed and started for home, but by this time there was nothing but blood and slime going through him, and the tenesmus was painful to witness. The child had ceased taking nourishment—was fevered and very much weakened. Not having any of Dr. Kerr's medicine on hand, I went to work with my other remedies, carrying out the most approved treatment as recommended by West and other authors—with dieting, bathing, injections, &c., &c.; but all was of no use, it was only checked for a time, and came

on again with renewed vigor. I felt that my little boy was going to go, and I telegraphed to Dr. Kerr, of Galt, for his squill combination, and I began using it in grain doses, with one-twelfth of a grain of opium in each powder, every three or four hours, and from that time forth there was no difficulty, a few days completing the cure. A powder given at bedtime would give him a calm night, free from pain or dysentery, whereas he used to be tossing about, and would have about a dozen motions during the night. The only bad effects I observed in his case was the seeing of unreal objects—the little fellow would point at them playfully, then shrink back, as if attempting to escape from somebody. Since that time I have used the medicine in cases similar to this with equally happy effects. I have also given it without the opium to crying babies, where mothers were dosing them with soothing syrup, and here the result was excellent. In reference to the use of the medicine in the above diseases, Dr. McDonald, of Wingham, holds as high testimony in its favour as I have done.

A short time ago I had two cases of acute dysentery occurring on the same day; one was an old lady of over seventy years of age, and when I first saw her, the stools were nearly pure blood. I used the digitalis combination with opium every three hours so as to suspend the action of the bowels and procure sleep. I then directed them to be stopped until she awoke nicely up, and had another motion, and after that to be guided by the motions. I gave directions of course as to diet, and left. Next day word was sent "that the old lady was getting along so well I need not go out, but I might go out on the following day and decide for myself." I did so, and found her nearly cured, and the stools natural in appearance, though still somewhat loose. I left a few powders, and never saw her again. She was soon after walking around. Another case of acute dysentery occurred in my practice during the night following the day on which the above case occurred, blood nearly pure passing. I treated it the same as above, leaving plenty of the medicine, as the woman—who, by the way, was rather a delicate one—lived ten miles out of town. I never saw her again. She got rapidly cured, and to-day is loud in her praises of "those green powders."

The third combination, intended to meet exceptional cases, I have never tried, as the other two combinations always answered my purpose. I merely write to draw the attention of medical men to what—along with Drs. Worthington, McLean, and McDonald—I regard as a valuable discovery in medicine, for which Dr. Kerr, of Galt, deserves all praise. If those who doubt the efficacy of the medicine would only give it a fair trial, they would soon be convinced.

J. CAMPBELL, M.D.

Seaforth, Aug. 1, 1874.

[We have received communications from several medical men all bearing testimony to the efficacy of Dr. Kerr's combination for dysentery. In malarious districts the addition of quinine will be found serviceable.]—ED. LANCET.

COLLEGE OF PHYSICIANS & SURGEONS, NEW YORK.

To the Editor of the LANCET.

SIR,—I would wish to occupy a portion of your available space this month in calling the attention of the profession to a theory of syphilis of somewhat late date and unique character, as expounded by Dr. F. N. Otis, Clinical Professor of Venereal Diseases in this College.

Dr. Otis is of opinion that the specific virus of this disease consists of a cell of infinitesimal size, which cannot be appreciated by the most powerful microscope, which, when applied to an abraded surface, multiplies fissiparously, and forms an indurated mass consisting of myriads of these cells in conjunction with altered connective tissue; and that if left to nature, these cells are taken up by the white corpuscles of the blood by an amœboid movement, assuming at first a semi-lunar form, the points of the crescent meeting so as to enclose the virus cells. The learned Dr. believes the Hunterian chancre to be purely local for a certain time, and the period of incubation the time not when the poison is increasing in the circulation, but when the virus cells are at their place of deposit, and are merely multiplying until they attain sufficient numbers to cause a local swelling. He also considers the chancroid local, and thinks that the discharge of the chancroid is the result of a true ulcerative process, but the breaking down of true chancre is the result of pressure from the increase of the elements

of the part and distended vessels—death from excess of life, or "necro-biosis," as he calls it. He likewise affirms that the discharge of true *unirritated* chancre consists of nothing more than exfoliated epithelial cells; but that when irritated by caustics, &c., the pus and virus cells are secreted. He says the tendency of chancre is proliferation; of chancroid, exfoliation, the latter poison being eliminated by its own discharge. He also states that syphilis may occur without chancre; in proof of which he quotes the well known case of Dr. Mott, who, while serving as surgeon during the civil war, amputated the leg of a syphilitic soldier, and was pricked by a spiculum of bone. In 48 hours he had pain in the course of the lymphatic glands to axilla, with swelling and redness, followed in six or eight weeks by roseola, and in four months by sore throat, caries of nose, &c.

Assuming, then, that true chancre is local, what means should be taken to remove effectually the danger of constitutional difficulties?

Dr. Otis answers the question in this way. If the proliferated virus cells are situated on the prepuce or loose areolar tissue surrounding the penis, extirpation by the knife *en masse* is the surest, quickest, and least painful procedure. He operates thus: The patient is anæsthetized, the parts, knife and hands of the operator are bathed in an antiseptic solution, as Condy's fluid or carbolic acid solution, and a number of ligatures are passed beneath the base of the tumor (chancre) at a little distance from the margin. The knife is then passed between the sutures and the tumor, completely removing the same, and leaving a clean, healthy surface. The ligatures are then tightened and tied, bringing the parts into perfect apposition. Union by first intention takes place in 3 or 4 days. He has operated many times, and has not seen secondary symptoms follow where the glands were not involved. I saw Dr. Otis remove a large true chancre in the manner described above; in a week the patient appeared exhibiting no signs of it save a small piece which had not been removed. I leave any remarks on the subject to those more competent to criticise than myself. Should I have misapprehended any of Dr. Otis' remarks (which were not derived from his *brochure* on the subject, but from notes of his lectures on the spot,) he has my apologies and retractions.

G. STERLING RYERSON.

SUPERNUMERARY BREASTS IN A MALE.

To the Editor of the LANCET.

SIR,—Having had occasion to examine a man in this city a few days ago for life-insurance, I was surprised, on examining his chest, to find two well marked mammæ (rudimentary of course) on each side. The normal mammæ were in the usual situation, and presented the ordinary appearance. About one inch and a half below each of the above, and three-quarters of an inch to the inner side, was a secondary or supernumerary mamma perfectly formed and about ¼ the size of the normal one. The surface of the chest, with the exception of these parts, was covered with hair, and these naked spots, each with its small projecting nipple, gave the chest a very peculiar appearance. Never having seen anything of the kind before, I was very much impressed with it, and thought it not unworthy of record, and hope you will give it a place in your valuable journal.

Yours &c.,

MEDICUS.

Toronto, Aug. 24, 1874.

Selected Articles.

ARSENIC IN CANCER—AN OLD REMEDY REVIVED.

Dr. Fordyce Barker, (*N. Y. Med. Record*), describes in the following terms, an application for cancer which has been in use for many years—for centuries perhaps:

"I will now describe the plan of treatment as given by Dr. Marsden—the plan which he professes to have derived great success from, not only in a very considerable number of cases of cancer of the breast, but in the treatment of cancer of various parts of the body, and even of cancer of the neck of the uterus. This method of treatment is limited to cases in which the surface of the tumor does not extend over two (2) inches. Care should be taken that the paste is of sufficient consistence so as not to flow beyond the point to which it is applied. The general formula for the preparation of the caustic is to combine arsenious acid and mucilage in such quantities as to make a thick paste, and the formula commonly employed for this purpose is: ℞. Arsenious acid, ʒii; mucilage, ʒi. This paste is spread over the surface of the tumor, and two or three layers of lint spread over that. The lint absorbs all the surplus paste and protects from farther cauterization. The first ap-

plication is left on for twenty-four or forty-eight hours, according to the extent of surface, and then removed by gently soaking it with warm water. After the old paste has been removed in this way, one judges from the impression made with regard to a farther application of the caustic. These applications are to be continued until a line of demarcation entirely surrounding the diseased structure is shown. Then the lint is soaked and removed, and a bread-and-water poultice applied, and changed every few hours. At first there is sometimes considerable inflammatory action set up, but the amount of pain is very inconsiderable as compared with the use of the knife, and the process of cicatrization is equally painless and satisfactory.

The shock to the system, as a rule, is very much less. The constitutional effect of the arsenic in this case was very slight, lasting only a few hours, and then passed away. Indeed, the moderate constitutional effect of arsenic I have long believed to have a certain positiveness in the treatment of cancer, in that it retards the proliferation of cancerous tissue. I mention these cases with the hope that it may contribute something to our knowledge of means by which we may meet this most terrific disease."—*Pacific Med. Journal.*

THE SECRETION OF GASTRIC JUICE.

There is something unpleasant in having one's old views and theories exposed as false. We have all been accustomed to believe that the secretion of gastric juice was an intermittent phenomenon, and that it only occurred when the stomach was irritated by some stimulus of a mechanical or chemical nature. Dr. Braun gives an account (in Eckhard's *Baitrâge für Anatomie und Physiologie*, Bd. vii.) of some experiments which make it probable that the gastric juice is secreted just like the urine, continously. He produced gastric fistulæ in dogs, and irritated the mucous membrane of the stomach with sponges, gravel, alkalies, and bits of meat, and he found that the amount of secretion, estimated by removing it with a sponge, was unaltered in each instance, nor was it increased by the presence of the saliva either of dogs or of man. Moreover, no relation was found between the secretion of saliva and of the gastric juice; for a stimulus which increased the amount of saliva did not increase that of the gastric juice, and *vice versa*. According to Braun, the mucous membrane of the stomach is but rarely covered with mucus; usually it secretes a fluid which has an acid reaction. If fluid—for example, a 1 to 2 per cent. solution of urea, or a 1 per cent. solution of common salt—be injected into the femoral vein in large quantities, the gastric juice becomes more abundantly secreted; and that the increased secretion is really gastric juice is shown by its acid reaction and by its digesting albumen. It sometimes, however, requires the addition of a little hydrochloric acid to give it digestive power, and this fact Dr. Braun compares with that observed by Manassein—namely, that the acid is deficient in the gastric juice of animals which are rendered acutely anæmic. Dr. Braun's experiments are interesting and extremely important if confirmed by other observers, but there is the positive evidence of such men as Beaumont and Claude Bernard on the other side, which should make us hesitate in accepting them too eagerly.—*Med. Times & Gazette.*

HYDRATE OF CHLORAL.

BY ALEXANDER G. BURNESS, M.B.

This drug is so widely used in the present day as an hypnotic, that it may not be out of place to call attention to some of the cases in which its use is contra-indicated, the more so as several cases have been reported in which its use has been attended with serious or fatal results. The physiological action of chloral is no doubt due to its decomposition into chloroform and formic acid by the alkali of the blood, as stated by Liebreich, and chloroform being thus slowly evolved, the oxidation of the blood is lessened, as well as the evolution of carbonic acid; it is also probable, as has been recently stated, that the chloral may in the system enter into combination with albumen, and thus its decomposition may be retarded in some cases.

Bearing the above in mind, we can easily see how the use of chloral is contra-indicated in many lung affections, especially bronchitis and emphysema, where, by lessening the oxygenation of the blood, it would tend to produce lividity, or even febrile symptoms, with delirium. Dr Sidney Ringer states that this is especially the case when emphysema and bronchitis are accompanied by obstructed circulation, in which case the effects may last several days.

Dr. Pollak (see *Medical Times and Gazette*, April 11th) also believes chloral to be unsuitable, or even dangerous, in diseases of the lungs and heart.

Chloral is likewise contra-indicated in many cases where there is heart disease, for several cases are on record where the administration of chloral has been followed by sudden faintness, weakness, and irregularities of pulse, great prostration, dyspnœa, and even death, these effects being probably due to the direct action of the chloroform on the heart, and in some states of the system the chloroform may be more quickly evolved than in others: thus, in an experiment conducted by Mr. F. J. Mavor and myself, 4 oz. of chloral dissolved in 40oz. of water was given to a horse, and *five* minutes afterwards he fell down *insensible*, the pulse increased from 36

to 50, but was feeble, almost imperceptible, pupils fully dilated, muscles relaxed, frequent sighing and complete anæsthesia; the temperature gradually fell from 100° to 90⅞°; while in another experiment the same quantity was given to the same horse dissolved in 10 oz. of water, only producing restlessness, drowsiness, purging, dilation of pupils, and in an hour and a half, delirium, followed by slight sleep.

Chloral is likewise contra-indicated in diseases of the intestinal canal (Dr. Pollak), being liable to cause irritation and purging, especially if given in a too concentrated solution.

It is advisable not to continue with the administration of this drug for a very long period, as cases are known in which mal-nutrition of brain and nerve centres has been induced, with loss of memory and muscular strength, and in some cases imbecility and paralysis.

Lastly, chloral should be used with caution in parturition, as it may in some cases exercise a deleterious effect upon the child, as it is not so rapidly eliminated from the system as chloroform. Further research on this point is required. In conclusion, I may say, this subject is deserving of investigation, considering the reckless manner in which syrup of chloral is used by the laity as an hypnotic in all forms of disease, with, in many cases, serious results; and it is clearly the duty of the medical profession to thoroughly investigate its chemical, physiological, and therapeutic action so as to ascertain in what diseases it may be used with safety. *Medical Times and Gazette.*

TUMOUR OF LATERAL PORTIONS OF THE LOWER JAW REMOVED WITHOUT EXTERNAL WOUND.

BY C. F. MAUNDER, LONDON HOSPITAL.

Fibrous Epulis.—F. S., æt. 35, married, was admitted into the London Hospital on May 15, 1873, having been referred to Mr. Maunder by Dr. Dove, of Pinner.

History.—She stated that about a year and nine months ago, she noticed a decayed molar tooth on the right side of the lower jaw. She removed a portion of it at the time, and not long afterwards observed a growth springing from the situation of the decayed tooth. It gradually extended itself along that side of the jaw. A surgeon removed the tooth which was believed to be the cause of the growth, and afterwards the tumour. In six weeks from the time of removal it appeared again, and was a second time removed. It made its appearance a third time, and gradually increased in size. She has been free from pain throughout. On examination, the growth was found to occupy the original site of the molar teeth. It had very much the appearance and consistence of gum tissue hypertrophied and indurated. It encroached considerably on the bone below the level of the alveolus, especially on the inner side, was very firmly adherent to it throughout its extent, as though growing from it, and the surface was continuous with the mucous membrane lining both the cheek and the floor of the mouth. Thus only some portion of the outer surface and the mere line of the base of this part of the bone were free from the growth. There was no evidence of glandular affection, and nothing to contra-indicate an operation, although the patient had not a robust appearance.

Operation (May 21, 1873).—The patient was seated in a dentist's chair, and the head comfortably and conveniently supported, in order that blood should readily flow out at the mouth rather than pass backwards towards the larnyx and pharnyx. Chloroform having been administered, the mouth was fixed open by a screw-gag, introduced and held by an assistant at the left commissure of the lips. This gag had also the beneficial effect of depressing the tongue. The operator standing in front, and somewhat to the left of the patient, placed the tip of his left forefinger on the anterior sharp edge of the right ramus immediately above the natural position of the last molar tooth. Along this, as a guide, a scalpel, its edge protected by adhesive plaster to within half an inch of the point, was carried and made to sever the soft parts down to the bone, just enough to admit the raspatory. The point of this latter was now passed through the wound made by the scalpel and pushed between the periosteum and bone, so as to separate the former from the latter, first on one side of the ramus and then on the other. In this way, also, the portions of the masseter and internal ptergoid muscles attached to the condemned bone were separated. The cutting forceps, guided by the left forefinger, were next carried to this spot, and by a little care a blade was passed on each side of the ramus, but the bone could not be cut through at this stage. The possibility of this failure had been foreseen and provided against by a small, stout, straight, narrow-bladed saw, blunt at the extremity, but without a button. This instrument, having been placed under the periosteum, upon the outer surface of the ramus, was worked through the mouth, so as to cut a groove in the bone and prepare the way for the cutting forceps, which now with some difficulty completed the section. The next step consisted in making an incision in the soft parts down to the bone and on its outer surface, opposite the position between the first molar and second bicuspid teeth, so as again to admit the raspatory. This latter was then run along directly towards the angle of the jaw, to separate the soft parts, and manipulated so as to turn round the base and come up under the floor of the mouth with a similar object. The raspatory withdrawn, the forefinger completed the further separation of the inter

nal pterygoid and stylo-maxillary ligament, etc. The anterior surface of the bone was now cleared opposite the original interval between the teeth mentioned, and having been partially severed by the saw used perpendicularly, its section was completed by forceps. It was now found that the means which had been employed to separate the periosteum and muscles from the bone, had likewise nearly separated the growth from the bone, leaving the former almost solely connected with mucous membrane. There remained then only to divide the mucous membrane, reflected on the one side from the cheek, and on the other from the floor of the mouth, and the operation was finished. While the saw was being used the jaw was steadied by the finger and thumb of an assistant grasping it on the cutaneous surface. The bleeding was slight and soon ceased.

22nd.—Slept for a short time during the night; swallows with difficulty; complained of slight pain in the abdominal region, which is tympanitic. Ordered.—The mouth to be often washed out with a tincture of Condy's fluid and water, one drachm of the former to a pint of the latter. Should the deglutition become more painful, enemata only are to be used, consisting of half a pint of milk and half an ounce of brandy, every four hours. Morning temperature 102·9°, pulse 136, respirations 36; evening, temperature 101·8°, pulse 120, respirations 22.

23rd.—Can swallow a little to-day, but the enemata are being used. Pain in the abdomen is very acute, and on inquiry it was found that a large quantity of air had been pumped into the bowel with the enema. To relieve the excessive tympanites present, Mr. Maunder ordered a large gum-elastic catheter to be passed into the rectum. This soon gave great relief. Morning temperature 100·8°, pulse 116, respirations 22; evening, temperature 101·6°, pulse 122, respirations 20. Ordered.—Continue the wash for mouth, also the enemata.

24th.—Patient says she feels much better; has slept tolerably through the night; deglutition easier; no pain in the abdomen, and the catheter has been removed from the rectum; tympanites gone; can put the tip of her tongue out without pain. There is a free discharge from her mouth of rather an offensive character. Morning temperature 102 8°, pulse 124, respirations 26; evening, temperature 101·4°, pulse 114, respirations 24. Ordered.—The enemata to be discontinued. To take freely of beef-tea and milk. Continue the wash for mouth.

25th.—Complained of a slight pain on the right side of her face; otherwise doing well. Bowels have not been relieved since the operation. Morning temperature 99·°4, pulse 106, respirations 20; evening, temperature 100·4°, pulse 110, respirations 16. Ordered—an enema of soap and water.

26th.—Pain in the face is worse. She describes it as a continued aching pain located principally in the right ear and extending down the side of the neck about two inches. Morning temperature 100·6°, pulse 110, respirations 18; evening, temperature 99·8°, pulse 106, respirations 22. Ordered—a hot fomentation of the neck.

27th.—Has had a fair night; pain in the face and neck is much relieved; the discharge from the mouth has still an offensive odour. Partook of some minced meat to-day.

30th.—Patient looks decidedly better; can put her tongue out a little more.

June 10th.—Up to this day, when the patient got up for a short time, she has progressed favourably. She can masticate a little.

11th.—Has had pain on the right side of the face and chin since last night which has been very acute, the latter being swollen and tender to the touch. Morning temperature 100°, pulse 96, respirations 18. Ordered—a hot fomentation.

30th.—Gets up daily; some induration and tenderness still about the chin; scarcely any discharge from the mouth now.

28th.—Goes home to-day, but there is still swelling, induration, and slight tenderness about the right side of the chin.

Here Mr. Turtle's report ends.

Postcript (July 25).—To-day Mrs. S. came up from the country to see me, her general health being very much improved. Just under the chin to the right side of the middle line there is a small wound, which had been artificially made a fortnight previously, and also about a fortnight subsequent to her leaving the hospital, to evacuate a small abscess. From this opening, and also from within the mouth, three or four small sequestra had come away, and even then a probe introduced detected a small portion of dead bone. Between this date and October 16, when the wound closed, two or three small fragments of bone came away. Doubtless the fact that the process of exfoliation occupied so long a period is in great measure due to the existence of pregnancy, the patient having been confined on November 21, six months subsequent to operation. The symphisis being unsupported on the right side has a tendency to that direction, and consequently, excepting during mastication, the teeth in the two jaws do not accurately correspond; still she masticates well.—*Medical Times and Gazette.*

Enemata of Chloral in the Vomitting of Pregnancy.—Dr. Simmons, of the Yokohama Hospital, Japan, relates four cases in which chloral administered by the rectum in thirty-grain doses, in mucilage, proved of speedy efficacy. In future cases he intends commencing with larger doses, and he believes that the remedy so employed will be found useful in most cases of nervous or sympathetic vomiting, where there is no inflammation present.—*New York Med. Record*, June 1.

THE SUMMER BOWEL AFFECTIONS OF CHILDREN.

At the last meeting of the Chicago Society of Physicians and Surgeons, a very interesting discussion was held regarding the summer bowel affections of children, a full report of which appears in the proceedings of the Society as given in the present number of the *Examiner*. The subject is especially *apropos* at this season, when this class of affections is so prevalent in all our larger cities.

In a late correspondence received from Dr. B. S. Woodworth, of Fort Wayne, Ind., he states his belief in the essentially malarious origin of cholera infantum and the kindred bowel affections of children. Quinine in combination with opiates he has found most efficient in controlling these cases. He usually combines them as in the following formula:

℞—Quiniæ sulph., grs. xxv.
Tannin, grs. x.
Tinct. opii, grs. xx.
Ess. menth. pipt., gtts. xx.
Syr. simpl., ℥ii.—M.

From half a teaspoonful to a teaspoonful, according to age, to be given every two hours until vomiting and purging cease.

Dr. Woodworth has had a large experience in the observation and treatment of children's diseases for the past twenty-five years, and his evidence, given as the result of long experience, is therefore of especial value.

These bowel affections of children and the accompanying symptoms which they occasion, undoubtedly vary, however, materially in the type and character which they assume in different localities and in different seasons in the same locality. In the eastern and sea-board cities the malarial element will be found much less evident and frequently manifest than in our southern and western cities. When the distinct exacerbations of fever, and the generally intermitting character of all the phenomena indicate the presence of a malarial element in the disease, quinine is, of course, indicated. In cases of cholera infantum, however, when vomiting and purging are at all active, we have scarcely ever been able to administer the quinine in any form that would be retained upon the stomach. We more frequently, therefore, substitute for it, in such cases, small doses of phloridzine combined as in the following formula:—

℞—Phloridzinæ, grs. xxiv.
Spts. ammon. arom., ʒi.
Tinct. opii camph., ʒi.
Syr. simpl., ℥ss.
Aquæ, ℥iss.—M.

Dose for a child one year old, half a teaspoonful repeated every two or three hours.

This forms a mixture rather agreeable to the taste and acceptable to the stomach, while combining a diffusible stimulant with the anti-periodic and anodyne influences.—*F. H. Davis, in the Chicago Med. Examiner.*

EXCISION OF THE ANTERIOR TARSUS AND BASE OF THE METATARSUS.—A NEW OPERATION.

(*The Edinburgh Medical Journal*, May, 1874).—Dr. P. H. Watson reports the case of a lad, æt. 19, who suffered from disease of the anterior portion of the tarsus. It was spontaneous in its origin, subacute in its progress, involving the articulations chiefly upon the inner side of the foot between the cuneiform bones and the metatarsal bones. The pain was so much that he was unable to work or walk. Under rest, blistering, and constitutional treatment he improved until the plaster of Paris could be applied, but after a lapse of a few months the original symptoms returned with increased severity. No collective abscess had formed in the soft parts, but there seemed no reasonable doubt that suppuration had already commenced within the bones and joints involved. To amputate the foot seemed too severe a measure to be justified under the circumstances, and as it was obvious that all the disease was confined between the base of the metatarsus in front and the astragalus and os calcis behind, and that the excision of the scaphoid, cuboid, and cuneiform bones and bases of the metatarsal bones would secure the fulfilment of every requisite for sound recovery, the following operation was performed. After the application of the tourniquet to the lower part of the thigh, incisions between three and four inches in length were made in the outer and inner side of the foot, that upon the outer side extending from the outer margin of the plantar surface of the os calcis as far as the middle of the metatarsal bone of the little toe, that upon the inner side from the neck of the astragalus to the middle of the re-established bone of the great toe. The soft parts were then carefully dissected off both surfaces and sides of the tarsus until the whole extent of osseous tissue to be removed was deprived of its soft coverings. A curved probe-pointed bistoury inserted between the soft parts and bones was then carried across the line of articulation between the astragalus and scaphoid and os calcis and cuboid bones, first upon the dorsal and then upon the plantar surface, so as to open up these joints. A key-hole saw was now introduced between the plantar soft parts and the shafts of the metatarsal bones, which were then cut through, one handle of a pair of bone-forceps being inserted between the metatarsus and the dorsal soft parts to protect the latter from injury by the teeth of the saw cutting from below upwards.

After the operation the entire wound was plugged firmly with pledgets of lint closely crowded together. This dressing was retained for forty-eight hours, and subsequently the wound was filled from day to day with pads of lint, with a view of securing consolidation from all surfaces equally, and of preventing the bagging of matter.

The result in this and four other similar cases was entirely favorable,—the patient's walk having none of the stumping gait of an amputation.—*Phil. Med. Times.*

ELECTRICITY IN POST-PARTUM HÆMORRHAGE.

Dr. Charles W. Earle, relates (*Medical Examiner*, "London Medical Record,") a case of *post-partum* hæmorrhage, in which after other measures had failed, he successfully resorted to electricity.

The subject of it commenced to experience labor-pains on December 9th, but the uterus seemed unable to effect the expulsion of the fœtus, and after waiting about twenty hours she was readily delivered with instruments. Without moving her, Dr. Earle says, he "sat down by the bedside to watch the condition of the uterus for one hour before putting on the binder and take my departure. There had been such inertia of the womb during the entire labour, that I was fearful of what my patient very soon experienced."

"Without any premonition whatever, the uterus ceased its contraction, and a stream of blood, apparently as large as half my arm, came pouring from the vagina.

"I immediately introduced my right hand to the fundus of the womb, and with my left, tried to compress the descending aorta, giving orders at the same time to the attendants to administer more ergot, lower the patient's head, apply cold water to the abdomen, and procure a piece of ice for inserting into the uterus. All this was done rapidly, and in much better order than is usual in such cases. But what a change there was in my patient! In two minutes she had changed from a most favourable condition—indeed, from a joyous and happy one—to an exsanguine, bloodless, and pulseless state; apparently, she was moribund.

"In addition to what I had already done, I gave what stimulants could be found in the house; and keeping my hands in the position noticed above, as the most effective way of stopping the largest amount of blood, sent immediately for Dr. I. N. Danforth, who lived in the immediate vicinity. He came forthwith, and relieved me from my most fatiguing position, suggested port wine and carbonate of ammonia as the stimulant. Ergot had been given freely; ice, externally and internally, had been used; compression resorted to; stimulants and nourishing broths administered; but the hæmorrhage did not cease. Nothing up to this time, had produced a good, strong, continuous contraction of the uterus. Dr. Danforth now advised electricity; and in a very few minutes a battery was at hand; and placing one pole over the sacrum, and the other over the uterus, the current was commenced.

"The effect was instantaneous and almost marvelous.

"The uterus contracted firmly; the hæmorrhage ceased immediately; and as long as the electrical current was continued, the uterine current remained hard, and of proper size.

"It was necessary, however, to keep up the current for some time; for as soon as we ceased using the electricity, the womb softened, and blood commenced to flow. It was about twelve hours before we ceased using the instrument altogether. At that time the adynamic condition of the entire system, and uterus especially, seemed to be overcome, and we felt safe in leaving our patient.

"The lady was saved, and made a very comfortable convalescence. Electricity certainly contributed largely to the favourable result."

ON THE EMPLOYMENT OF TRUSSES IN VARICOCELE.

At a recent meeting of the Hufeland Society of Berlin; Dr. Ravoth read a paper (printed in the *Berlin Klin. Woch.*, May 11), upon the plan of treating varicocele by means of hernial trusses, which he has pursued for several years with great success. Twenty-eight cases so treated form the basis of the present communication.

Varicocele, as is well known, almost always occurs on the left side, and in the great majority of cases dates from the period of puberty—most cases, in fact, being made known during the examination of youths as recruits. It is very rare for it to appear after the twentieth year, and it usually undergoes any considerable increase after this time only in consequence of some irritation of the sexual apparatus. How little the venous stasis produced by hernia and trusses has to do with the production of the affection may be judged by the fact that in nearly fifteen hundred left inguinal hernias, which have come under the author's notice, he has never once met with a case of varicocele. Indeed, as among so many cases there must have been some instances of co-existing varicocele, these have, in fact, been cured by the application of the truss employed for the hernia. The chief casual condition in the production of varicocele is irritation of the sexual apparatus; but whether this is to be explained by an augmented accession of blood, with relaxation of the cremaster and the dartos, inducing dilatation of the spermatic veins, or by an enfeebled state of the trophic nerves, further investigation must decide.

As a practical fact, it is to be observed that the application of the hernial bandage will ameliorate all cases of varicocele; and when these are recent or have become increased by accidental irritation it will cure them. During treatment the truss should be kept on permanently, except at night. During two or three hours daily, the compression of the pad is augmented by means of a supplementary spring. In two cases narrated the cure was effected in two or three months respectively. Under compression the varicocele immediately diminishes in size, and any pain that may be present disappears. The testis is also brought nearer the abdominal ring in consequence of the stimulation imparted to the cremaster.

Dr. Ravoth is of opinion that this mode of treatment may be advantageously applied for the relief of the varicose state of the lower extremity so frequently met with. Here, however, for prompt results, recent cases must be dealt with, as those whtch have lasted for years, and are attended with great thickening of the walls of the veins and degeneration of the surrounding connective tissue, can only be very slowly ameliorated. The pad should be applied to the femoral vein beneath Poupart's ligament, and especially where the saphena vein enters it. Dr Ravoth is also in great hopes of soon showing that this mode of treatment may be employed very advantageously in treating cases of onanism and pollution. These cases, of course, require a great deal of individualising and adaptation of treatment owing to their complicated character. *Medical Times and Gazette.*

PROFESSOR ESMARCH ON THE BLOODLESS METHOD.

[Professor Esmarch has published a paper, which contains his latest views; we lay it in an abridged form before our readers.]

He observes that since he first brought the subject before the Congress he has had the opportunity of trying his method in 200 additional cases, and that he now entertains a much higher opinion of its utility than he did then. Not wishing to weary his audience with mere statistical details, he yet feels desirous of pointing out the influence which he believes the method exerts in diminishing the mortality of large operations. Thus, of thirteen amputations of the thigh he has only lost one, and the same with respect to eleven amputations of the leg, while four of the upper arm all recovered—so that in twenty-eight of the greater amputations there occured only two deaths. An amputation of the shoulder succeeded, but one of the hip-joint, which from the first was almost hopeless, failed, and of eight excisions of the large joints (three of the hip, three of the knee, and two of the elbow) only one terminated fatally. These are favourable results that cannot readily be surpassed. His clinical wards are contigous to the medical wards, and both have long been overcrowded, and erysipelas, diptheria, and pyæmia have been often met with. He is under the conviction that the more favourable results of the present year are due to the adoption of the bloodless method. This presents the following advantages:—

1. The small loss of blood which takes place. Everyone is aware how convalescence is retarded and endangered when the loss of blood has been large. The production of acute anæmia here is the great danger. The coagulability of the blood augments in many cases with the impoverishment of the red globules, and with this increases the danger of thrombosis and pyæmia.

2. Sponges need not be brought in contact with the unbleeding surfaces. Although he has always been very careful not to use sponges that have not been thoroughly cleansed and disinfected, yet Dr. Esmarch has still suspected that they have still had something to do with transporting contagious material, and especially the poison of erysipelas.

3. The large arteries and veins are not subjected (as they are when the tourniquet or digital compression is employed) to violent local pressure. They are equally compressed on every side by the entire mass of the soft parts being enclosed in the ligature.

Disadvantages of the method Prof. Esmarch has not met with himself, and, especially, he has not seen paralysis as a consequence of the ligature; and he believes that when this has taken place in the hands of others, it has arisen from too powerful an application of the caoutchouc tubing. Indeed, he has had to prevent his own assistants committing this error. All kinds of caoutchouc are not suitable, and he prefers the brown, non-vulcanised, and tubes or rollers made of the red caoutchouc; and in general no great force is required to completely prevent the afflux of arterial blood. The first turn should especially not be too forcible, as each succeeding one considerably increases its effect. Anyone may be easily convinced of this by passing a fine caoutchouc bandage several times around the same part of a finger. He has never met with gangrene of the flaps reported by some surgeons, and thinks this has been dependent on other causes.

Additional advantages of the method are referred to. Thus, as a consequence of the local ischæmia and compression of the nerves, a local anæsthesia is induced, rendering operations but slightly painful. In the out-patient establishment at Kiel it is almost always resorted to for small amputations, incisions, removal of nails, etc. Generally the anæsthesia does not occur until some minutes after the application, but if Richardson's spray-douche be used it is quickly induced, as the freezing is infinitely more quickly brought about when the arteries no longer bring additional caloric with the blood.

The method allows of a thorough examination being made of diseased parts, especially in the bones and joints. On many occasions Prof. Esmarch has examined these as deliberately as in the dissecting-room before he decided whether he would perform excision or amputation. He has thus frequently been able to assure himself of the various alterations on the living body, and has submitted portions to the microscope before he would decide on operating. The same assistance is derived in the removal of small foreign bodies, such as needles, glass splinters, etc., which have become embedded in the hands or feet; and everyone knows how a constant stream of blood aggravates the difficulties in these cases, leading in some cases to the abandonment of the attempts. Now, if the situation of the body be but known, it is removed with the greatest ease, and the slight wound necessary for this usually heals by the first intention. Of the great facility with which the ends of wounded arteries may now be found, Leisrink and Stokes have published remarkable examples.

Another advantage greatly to be prized is the fact that many of the great operations can be performed without any skilled assistance whatever—a fact of importance not only in military surgery and for surgeons when alone on board ship, but still more so for practitioners in the country and in small wns. Many are the thankful communications on this head which the Professor has received from his pupils scattered about in country parts. One of them not having the apparatus with him, employed a linen binder and his elastic braces during the easy extraction of a splinter of glass, which was embedded in the arm. It is very desirable that officers and soldiers going into battle should have elastic braces capable of being used in the arrest of hæmorrhage on emergency. Professor Muller, of Wurzburg, suggests that in a woman dying of hæmorrhage the ligature might be applied to the four extremities so as to force the blood towards the trunk and head, thus warding off collapse and giving time for transfusion, or enabling us to dispense with this.

By means of the ligature, which may be applied at any part of the extremities, lay persons are in the position of being able to control accidental hæmorrhage, no knowledge of the places of the arteries being required, as for the application of the tourniquet. As Professor Langenbeck has remarked, in most cases an elastic bandage will answer the purpose as well as the caoutchouc tube, while its pressure is gentler and more uniform; but still there are cases in which the tube cannot be thus superseded owing to its smaller size. Prof. Esmarch cannot agree with those who think that his method is not suitable in operations upon the shoulder and hip-joint, having himself employed it in several of these with complete success. In operations upon the shoulder, blood may be prevented passing through the axillary artery by carrying the tube under the axilla, drawing it tight over the shoulder, and keeping it in a state of tension by a strong fist supported by the clavicle. Or both ends may be held together by a clamp, like that used for fixing the pedicle in ovariotomy. Bringing the tube across the chest and back to the opposite axilla, as was at first done, is objectionable, on account of the interference with respiration that is produced. In amputations at the upper part of the thigh the tube may be passed firmly once or twice around the limb just under the bend of the thigh, crossing the ends over the inguinal region and carrying them around the posterior surface of the pelvis and uniting them over the lower part of the abdomen. Or a binder may be firmly rolled up and applied as a pad over the external iliac above Poupart's ligament, and compressed by several turns of a strong caoutchouc bandage. In operations upon the hip-joint itself, however, such a bandage would be in the way, and we must then compress the aorta in the umbilical region. This can be done by means of a pad formed of a linen bandage eight metres long and six centimetres broad. This is wound around the middle of a wooden staff the thickness of the thumb, and a foot in length, which enables the pad to be retained in its right position. The pad is applied immediately under the umbilicus, and is compressed powerfully against the spinal column by five or six turns of a caoutchouc bandage six centimetres in breadth. By this means the flow of arterial blood through the aorta can be completely arrested, provided care has been taken beforehand to empty the intestinal canal by means of purgatives and enemata. In some cases it is preferable to employ a pediculated pad, which allows of its being pressed deeper into the abdomen. Prof. Esmarch has had a slit made in the steel pedicle of his pad (*pelote*), through which the turns of the caoutchouc binder can be easily passed. Several persons have recommended raising the limb for some minutes prior to the operation before applying the compressor, but this is by no means of the same utility as the methodical application of an elastic bandage. The only cases in which the raising of the limb is of advantage are those in which the presence of foul secretions renders it unadvisable to force them by the bandage into the cellular tissue and lymphatic system. It is very desirable, in cases in which there are open wounds, ulcers, or fistulæ of the extremities, that these should not only be covered with varnished paper, etc., but that pure caoutchouc bandages only should be employed, because these are much easier cleaned than are those in which silk or cotton enter into the composition.—*Medical Times and Gazette.*

The man who sees too widely is nearly sure to be indecisive, or to appear so. Hence, also, comes an appearance, sometimes of shuffling, and sometimes of over-subtlety, which is very harmful to a man.—ARTHUR HELPS.

THE USE OF LARGE ENEMATA. (*The London Medical Record*, May 6, 1874).—The practical results of the recent discussion in the German medical papers on the use of large enemata seem to be as follows :

1. Enemata, if sufficiently copious, will reach the small intestine, the ileo-cæcal valve notwithstanding, provided there be sufficient propelling force, whether that be gained by a long column of fluid in the apparatus (as in the use of irrigators), or by the patient's position, with the pelvis elevated, favoring the descent of the fluid, or by repeated action of the injecting instrument.

2. Experiments have shown that it is neither necessary to use complex apparatus, nor to put the patient into awkward and perhaps dangerous positions ; since from three to five feet of pipe, with a funnel at one end and a suitable nozzle at the other, is all the apparatus we need ; and the patient simply lies upon the back, the only pressure required being that of the column of fluid.

The real pressure we have to overcome is that of the patient's muscles,—aided in some cases by tense gases in the bowel ; for if any one will insert a tube into the rectum before the injection has come away, he will see the fluid come out in jets or spirts, when the patient strains, and less markedly so at every descent of the diaphragm.

3. The safety and efficiency, or the benign action, of large enemata of water, gruel, and the like, are very striking ; but we are strongly inclined, however, to believe that a very small quantity of soap, or of some neutral salt, is even less irritating to to the mucous membrane than pure water alone.

To sum up all, large injections do reach the whole length of the large intestine and beyond it ; they are safe and speedy remedies for fæcal accumulations, for some form of intestinal obstruction (notably intussusception) and internal herniæ ; for the treatment of intestinal ulcers, of hæmorrhage from the bowels, and diarrhœa ; for worms, especially oxyurides, and their congeners ; as a means of stimulating and increasing the secretion of bile, and of introducing into the small intestine nutritious matters in a state easily susceptible of absorption.—*Ibid.*

ANEURISM MISTAKEN FOR ASTHMA.—The proceedings of the San Francisco Medical Society refer to a case of death from aneurism, which was reported as "Asma," by an ignoramus with a bogus diploma, or with no diploma at all. Similar cases, however, have occurred under the charge of regular and experienced physicians, who have failed to trace the asthmatic condition to its true source. It is only by post-mortem examination, that the true nature of the lesion has been ascertained. We are confident that many of the deaths attributed in past years to asthma, would have been proved to result from aneurism, had an examination been made.—*Pacific Medical Journal.*

APTHOUS STOMATITIS COMMUNICATED TO MAN THROUGH THE MILK OF A COW AFFECTED WITH THE SAME DISEASE.—The symptoms commenced in less than half an hour after the ingestion of the milk. They consisted in vertigo, tingling in the ears, feebleness, afterward delirium and hallucinations. On the second day, vomiting and diarrhœa with abdominal pains set in, which promptly yielded to treatment by opium and subnitrate of bismuth. The fever, however, was not broken, and on the third day stomatitis appeared, with ptyalism and the development of aphthæ on the inner surface of the lips and cheeks, on the palate, and the inferior surface and borders of the tongue. At the same time, there appeared a phlyctenular eruption on the hands, feet, perinæum, and scrotum. The nervous disturbances, delirium, and insomnia, were combated by opium, given in doses of fifteen centigrammes per diem, and the stomatitis by gargles of chlorate of potash. At the end of fifteen days, the patient recovered. A remarkable detail of this observation, made by Dr. Van Varys, is that the wife and children of the patient had drunk milk from the same cow, and were not affected. At that period, an epidemic of aphthous stomatitis reigned among the horned cattle in the country, and the milk of these animals was used, notwithstanding its virulent properties. The difference in the results Dr. Van Varys attributes to the fact that the milk drank by the patient's family had previously been boiled. Experiments made by a veterinary surgeon of Nievre have demonstrated that milk subjected to a temperature of more than 80° loses its virus. *New York Med. Journal.*

PUERPERAL MANIA ; TREATMENT BY CHLORAL AND BROMIDE OF POTASSIUM.—The patient, aged thirty years, had been suffering severe anxiety, previous to and during labor, from some domestic trouble. The position was transverse, and delivery accomplished by version. Following the labor were severe after-pains, for which morphia was administered. That night the pulse ran up to 130 per minute, the temperature to 102½°, and with this fever marked delirium set in. The delirium continued for two nights and one day, when the treatment, which had been morphia with veratrum viride, was changed to bromide of potassium, with hydrate of chloral. Two hours after the latter remedies had been administered, the patient slept, and on awaking was perfectly rational. This improvement continued.—*N. Y. Med. Journal.*

Medical Items and News.

Statistics show Philadelphia to be one of the very healthiest of great cities. Its salubrity surpasses London which is the healthiest of European capitals. It is far healthier than New York, which might indeed be inferred from its greater area to the population, and the more comfortable housing of its inhabitants.

POPLITEAL ANEURISM CURED BY FORCIBLE FLEXION. (*The Lancet*, May 30, 1874).—Mr. Benfield reports the case of a man, æt. 38, of good general health, who was troubled with a small pulsating tumor in the left popliteal space. A distinct bruit was heard on applying the stethoscope, and firm pressure on the artery above the tumor arrested at once both the bruit and the pulsation. Treatment by flexion was resolved upon.

A flannel roller was applied to the leg, which was now flexed upon the thigh, and the latter upon the abdomen. The leg and thigh were firmly bandaged together so as to maintain forcible flexion, and heavy sand-bags were also employed to keep the patient from rolling out of position. This procedure occasioned very great pain, and a quarter of a grain of morphia was given subcutaneously for its relief. About six hours from commencement of flexion, the patient could bear the pain no longer, and the bandage was removed and the leg gently straightened. No pulsation or bruit was now discernible. Patient complained of being chilly, and the foot of the affected limb was decidedly colder than its fellow. The limb was encased in cotton-wool, a pad of lint placed in the popliteal space, and a flannel bandage applied. It was then placed straight on a pillow.

The aneurism was now practically cured, but for the sake of safety the pad and bandage, together with rest in bed, were maintained for ten days. The man was then allowed to get up and take exercise, which occasioned no pain or inconvenience. He was thus kept under observation for about three weeks, when he was discharged cured.—*Ibid.*

TREATMENT OF ROUND WORM.—In the Journal of May 23rd, several cases of round-worms are reported. A peculiar case came under my care as an out-patient at the Bristol General Hospital in February last. The patient, a child aged one year and eight months, had been suffering for three weeks with a very irritable state of the bowels, so much so that it could not be kept clean; and during an evacuation a round worm was passed. The child looked pale and ill; it had been fed with the ordinary diet of the house and pork. A mixture of a grain of santonine and syrup was ordered to be taken three times a day. On the next visit (four days), the child had voided forty-six round-worms. It seemed more cheerful, and was to continue the mixture. At the next visit, fifteen more had passed making in all sixty-two worms. Afterwards the child improved rapidly.—(*Dr. Clark in the Brit. Med. Journal.*)

DELIRIUM TREMENS.—The standard prescription for this condition at the Roosevelt Hospital New York is:

℞—Chloral Hydrat., grs. xxx.
Potass Brom. grs. xl.

To be given at bed time and continued through the day in smaller doses if necessary.

ON FRACTURE OF THE BASE OF THE SKULL.—Mr. Foster, of Guy's Hospital, in a clinic reported in the London *Medical Times and Gazette*, discusses the question of the respective value of the symptoms usually considered characteristic of fracture of the base of the skull. They may, Mr. Foster thinks, be placed thus in their order of relative importance: Escape of clear fluid from the ear; subconjunctival ecchymosis, if the fracture be in the orbital plate of the frontal bone; greater or less disturbance of the mental functions, generally on the side of diminution rather than excess of function; pressure symptoms, such as paralysis; bleeding from the ear; deafness

Of these, only the first is unfailing. If there is no mistake about it, the diagnosis is certain; but care should be taken that a serous fluid is not called cerebro-spinal.

The value of any one of the others will vary according as it is very marked or is associated with one or all of the remaining symptoms.

Considering the question of fatality in fractures of the base of the cranium, it is said:—A patient having all of a set of symptoms will die, one with less will get well; and between these extremes there is no mean. There is no peculiarity about the nature of the fracture; but the patients die in nine cases out of ten, firstly, because the brain is so bruised that it is incapable of keeping up the requisite functions; secondly, because inflammation extends to the membranes of the brain. It is probably quite possible to fracture the skull without injuring the brain, provided no great amount of concussion be imparted to that organ by the injury, just as a steam-hammer will crush a nut without injuring the kernel. Thus, the skull being alone fractured, we might expect bleeding from the ear, and even cerebro-spinal fluid, without any brain symptoms, at any rate during the early days following the injury. If, after fracture of the cranial bones, much new bone for repair was formed, secondary dangers from surface inflammation, and irritation might follow; but the fact is, hardly any new bone is produced in the skull, except a slight surface bony casing along the line of fracture, and a bone cement between the two adjacent fracture-edges. If, then, we get a fracture of the base without brain-bruising, we may reasonably expect such a case to get well with no further symptoms. It is quite possible that a certain proportion of cases of hemorrhage from the ear are of this kind.

In the treatment of these cases of fracture of the base, we ought to bear in mind the length of time the skull takes for the repair of its fractures; thus in one case there was evidence of union at one spot only, ninety one days after a severe fracture of the base of the skull. This should lead us to be slow in departing from the low-diet treatment which should always be prescribed in such cases; and we ought to be very careful to forbid much exercise for some time after the patients are apparently quite well.—(*Med&Surg Reporter, Phil.*)

"Except the medicines whose effects are established by strict observation, such as the evacuants, diuretics, sialogogues, &c., &c., and to what does our knowledge of the rest amount? Into what errors in the use and denomination of medicines have we not been led? When the theory of obstruction was in vogue, deobstruents were created. Incisives sprung up when the theory of the thick ening of the blood became the favourite idea. The expressions *dilutants* and alterants, and the ideas which were attached to them, arose at the same epoch. When it was necessary to obtend acridity, inviscants, incrassants, &c., were created. Identical means have often had different names, according to the manner in which they were supposed to act, deobstruant with one, relaxant with another, refrigerant with a third, the same medicament has been employed in turn, with different and even opposite views, so true is it that the human mind marches at hazard where the vagueness of mere opinion guides it."—*Bichat Anatomie Generale.*

CHLORHYDRATE OF TRIMETHYLAMIN IN RHEUMATIC FEVER.—A new successful instance of the above has been communicated to the Therapeutical Society of Paris by Dr. Martineau. When called to the patient he found that the elbow had, since the morning, become red, enlarged, and painful; skin hot; pulse 90. Ten grains of the drug were administered. The next day a great improvement was noted. The pain in the elbow had entirely disappeared, and the pulse had fallen from 90 to 65. No crisis or cardiac complication had occurred. The same treatment had been equally successful in a similar attack a year previously.

Dr. John Friend wrote the History of Medicine during his confinement in the Tower in 1675. Friend, like most others of his day, was generally mellow after dinner. He was once sent for in this state to a family of consequence; but the family not chosing to trust to his prescription, sent for Dr. Mead, who came, and, after looking at what Friend had written, took the opportunity of paying him a very high compliment. "Pon my word," said Mead, "if Dr. Friend wrote this when he was drunk, he prescribes better than I can do when sober."—*Pettigrew's Biography.*

"The son of Henry I., King of England, having been attacked with small-pox, his physician, a skillful man, if there ever was one, ordered with all convenient ceremony that the young prince be enveloped in scarlet, that every thing about him be red, the hangings of his chamber and the clothes of his servants. This arrangement cured him so well, says John of Gaddesden, that not a single trace of the disease was left on his face. We see that John of Gaddesden had a presentiment of Homœopathy."—*Friend's History of Medicine.*

ABORTIVE TREATMENT OF BOILS.—The *Cincinnati Lancet and Observer* has a note from Dr. C. B. Hall, stating that the following, applied to boils with a camel-hair pencil or feather, gives great relief in a very short time: Tincture of arnica flowers, 1 drachm; tannic acid, half a drachm; powdered acacia, half a drachm. The inflamed surface, and a little beyond all around, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part. The throbbing, tensive pain, and the intense tenderness will be promptly relieved; the redness will subside; the smooth, shining integument will shrink and become wrinkled, and comfort will succeed torment. If the boil be in the first stage, it will disappear without sloughing. If sloughs have already formed, it will be quickly separated, and the cure will be soon complete. The preparation should be used as soon as prepared.

TREATMENT OF ZONA BY COLLODION AND MORPHIA.—Dr. Bourdon, Hôpital la Charité, after having tried a great many local means for treating the above disease, and checking the intense pain, has definitively adopted the following plan:—Without opening the vesicles he paints all the diseased surface with a combination of collodion and morphia—collodion one ounce, morphia eight grains. The mixture must be put on pretty thickly. The pain ceases from the second day, and at the end of seven or eight days, when the layer of collodion is removed, all the vesicles have disappeared, and there remains only a slight local redness.

APPLICATION FOR BURNS.—M. Lebigot recommends the following mixture as having been very successful:—Cape aloes, four ounces; water, ten ounces; alcohol (90°), three ounces. The ingredients are to be melted together in a china plate over a slow fire, allowed to cool, and then filtered; after which three more ounces of alcohol are to be added. It is then ready for use. A tablespoonful of the mixture mixed with a teaspoonful of acetate of lead and twenty tablespoonfuls of water constitutes an excellent remedy. It is to be applied morning and evening on the burnt parts.—*Lancet.*

ACUTE ARTICULAR RHEUMATISM.—At the Charity Hospital, New York, the following is in use as a local application:—

℞.—Tinct. opii, ʒi.;
Spiritûs chloroformi, ʒiss.;
Linimenti saponis, ad Oi.—M.

This liniment is applied freely to the joints and immediately covered with cotton and oiled silk. The relief from pain afforded by this application has been gratifying.—*New York Medical Record.*

THE CANADA LANCET:

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AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John' N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE' TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, SEPTEMBER 1, 1874.

THE REVIVAL OF THERAPEUTICS.

If we were required to name the prominent characteristics of medical thought, at the present time, we should answer that it is characterized by faith and earnestness. In this respect it is diametrically opposed to the leanings of certain men of position in the medical world, some fifteen or twenty years ago, who, hampered by the traditions of the past, and staggered by the discoveries of modern pathological investigation, as yet imperfect and incomplete, were disposed to sceptical views in medicine, and gave way to the idea of nihilism, and suggested or followed an expectant plan of treatment. Of late years great progress has been made in medical discovery; some remarkably efficient new remedies have been introduced, and their employment, guided by the teachings of a more exact pathology and by keen clinical observation, has led to almost specific results. The natural tendency of this has been to infuse fresh faith in the efficacy of drug medication, and there arises the belief with each succeeding improvement or new medical acquisition, that our art will, by-and-bye, become so perfect and well defined, that the educated physician's control over disease will be almost magical.

Ten or twenty years ago the chief line of medical investigation was pathology. The fascination of this study still holds ground; and a vast accumulation of facts and knowledge, the result of the pathological work of our time, has served to place the practice of medicine and surgery on a more thoroughly scientific foundation. Now, however, there is to be noticed a strong tendency towards therapeutics. This branch, too much neglected by the pathologists, now comes back to be held in something like the same importance it had in the early days of medicine, as was needs the case when practice was solely based upon empiricism.

The profession has reaped an immediate benefit from the revival of therapeutical research, and great things are undoubtedly in store from the keener prosecution of this line of discovery. Chemical science is as yet far too incomplete not to suppose that new compounds as yet unthought of, will, by-and-bye, be placed at the command of the therapeutist, wherewith he shall be able to work as magically as with chloroform, methylene bichloride, chloral hydrate and the other wonderful additions to the materia medica which the progress of chemical discovery has of late years made available. Physical science, too, is yielding service in the cause of therapeutics. No one acquainted with the condition of electrical science as applied to medicine fifteen or twenty years ago, and with the condition of the same science now, and its latest applications, but will be able to survey a wide field of discovery, improvement and useful adaptation of knowledge. Not only have inventors devised and constructed new forms of batteries of a convenience and kind adapted specially to the uses of the medical practitioner, whereby progress in therapeutical observation has been aided and success in the employment of electro-therapeutics made more certain; but by the activity of co-operation, facts have been discovered with regard to the employment of different kinds of electricity of the highest importance and usefulness. We need only refer to the peculiar properties ascertained to reside in the constant current, and in induced and statical electricity, to point out the specific results that have been arrived at. And yet all this is confessedly such a novelty that we may not only look for a wider diffusion of this species of applied science, but await still further discoveries in the same incompletely explored field.

As regards the materia medica, progress takes two lines,—one in the direction of adding new medicamenta to the list, the other in finding out new properties in the older remedies, and in more accurately defining the methods of operation and the *modus curandi* of medicines. To cite but an instance or two by way of suggestion. How very important it is to know that, in suitable doses,

digitalis, instead of acting as a sedative and depressant, improves the nutrition of the heart, strengthens its muscular walls, and gives tone to the nerve-centres presiding over this viscus. And yet this is new knowledge of an old medicine. So with regard to aconite. Long known as a potent drug, its most useful applications are a thing of our day. Phosphorus and its compounds, too, have been recently made most useful additions to to the medical armamentarium. So of strychnine. Known only to the vulgar as a most violent poison, in the hands of the therapeutist it proves an efficient cure. The readers of current medical literature know, that new additions to the list of medicines are made almost every month, and that new combinations adapted to certain special ends, are being constantly made known.

There is, in fine, great activity in the department of therapeutics. We regard this as a most healthful sign. The prosecution of such knowledge is what will give contributions to the future advancement of medicine. It is a department into which every practising physician, or man of science has a right and duty to enter, and one in which he may work with the hope of being able to leave behind him, some fact or method of practice that shall be a benefit to mankind In a new country especially, there is a path of work open to all, who have a mind to step into it, to ascertain with more precision, the properties and applications of the native flora. There is a grand opportunity in India, in the tropical colonies and stations; and it is offered here also in North America, where there are many plants popularly reputed to posess certain properties, which require to be established or contradicted by men of science. It is for Canadian practitioners to do their part in this connection, to make the world their debtor. In this view we cannot help thinking it a fortunate circumstance, that the legal requirements of the medical man in Ontario, exact a knowledge of plants and vegetable physiology, out of which studies, pursued to the full by those whose tastes carry them onward, we may hope for the work above assigned to be done.

MORAL PROPHYLAXY.

Public attention has of late years been in such a measure aroused to the necessity for the proper drainage and sewage of cities; to the enacting laws concerning slaughter houses, and noxious and offensive trades; to the pollution of streams; the water supply of cities and towns; the abuse of intoxicating liquors; food of the people; adulteration of milk, and house accomodation of the poor in populous cities, &c., that very great improvement to public health and increased longevity has resulted. The time has gone by when physicians could ignore causes of disease, and prescribe only for results. Newspapers, periodicals, and sanitary journals are full of suggestive matter, having for its object the prevention of disease. Hygienic Prophylaxy fortunately is well to the fore front; we do not purpose, therefore, in this number, dilating upon the work relating more especially to it, that has yet to be accomplished, but rather to briefly allude to moral therapeutics, or the influence which the mind and passions exercise in the production and cure of various diseases. It was the remark of Napoleon that, in war, the moral are to the physical means as three to one, so highly did that consummate General rate the influence of mere mind on the issue of any great work. The same will often be found to hold good in the more peaceful operations of the healing art. It is by studying the mind, the feelings, and passions of his patients with more than usual tenderness and sagacity, that one physician so often outstrips another in the extent and success of his practice. There cannot be a doubt but that psychological causes of disease are too apt to be entirely overlooked, and that physicians in their minute examinations of all the physical symptoms of a malady, often overlook the influence of mental emotions on its development, its progress, and its termination. Many a disease is the *contre coup* of a strong moral emotion; the mischief may not be apparent at the time, but its germ will nevertheless be inevitably laid. "Vix ullus reperitur morbus, cui non aliquod animi pathema, vel ansam, vel incrementum, vel remedium dederit. Lord Bacon has observed, "He who would philosophize in a due and proper manner must dissect nature, but not abstract her, as they are obliged to do who will not dissect her." Dissection, however, in its anatomical sense, has not, perhaps cannot, elucidate the pathology of insanity, still it is only by a combination of argument and anatomical research, with the aid of analogy, that the phenomena and disease of the mind can be fairly investigated. Abundant illus-

trations are afforded in the text books, of the sympathies of the organ of digestion with the brain. Dr. Gregory's case is perhaps one of the best. A patient at the hour of six, one hour after dinner, was daily visited by a hag, or incubus, which confronted him, and appeared to strike him with a crutch. Immediately on this, he would fall from his chair in a swoon. This gentleman was at once relieved by diet and abstinence. The Abbé Pilori, in Florence, invariably saw the phantoms of scorpions around him after he had partaken of luncheon. In the case of an enlarged heart Dr. Kelly discovered that a dark spectrum was perceived synchronous with the systole of the ventricles, so that the patient could count his pulse merely by watching the motion of this illusive shade on the white ceiling of his room. It is, indeed, often very difficult to trace distinctly the relation between the cause and the effect, except perhaps in our own individual cases, or in those of our immediate friends. But where is the medical man that could not tell many a story of the workings of the mind in unhinging the machinery of the body. On this subject we quote from M. Reveillé Parise, "Many physicians of extensive experience are destitute of the ability of searching out and understanding the moral causes of disease; they cannot read the book of the heart: and yet it is in this book that are inscribed day by day, and hour by hour, all the griefs, and all the miseries, and all the vanities, and all the fears, and all the joys and all the hopes of man, and in which will be found the most active and incessant principles of that frightful series of organic changes which constitute pathology."

Perhaps this author does not much exaggerate the influence of mental causes when he says that deep and protracted distress of mind is the *point de depart* of the greater number of organic diseases. If our space permitted, it would be easy to extend these observations, but as our object at present is not to write an essay, but only to offer a few thoughts, it is unnecessary to say more than is requisite for impressing on students and practitioners, the importance of studying the psychological causes of disease.

There are no cases of small-pox in Toronto at present, the hospital for which has been closed.

PROFESSIONAL EXAMINATION, COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO.

As was mentioned in our last issue, an examination will be held in Toronto on the 21st instant. We understand that a number of candidates have enrolled their names for this examination; among others, some medical men who have been in practice for one or more years. We are glad to see this desire on the part of unlicensed practitioners to conform to the requirements of the law, and hope that every consideration in the interests of the profession will be shown them; but at the same time we deeply regret that several Canadian graduates, who have subsequently spent considerable time and money in British institutions, and possessing double qualifications, should be subjected to the loss of time and further expenditure of money attendant upon an examination before the Council. There appears to be no intention on the part of the Executive Committee to exercise the option which the Act enables it to do in reference to such persons. They have been informed that they must pass a *strict* examination, and that until this is done it will be useless for them to seek registration. This, to say the least, seems exceedingly arbitrary; and moreover, it is a breach of faith on the part of some of the members of the Executive Committee, who agreed to the insertion of a clause in the Bill, with the distinct understanding that it was to relieve this class among others of what was considered a wholly unnecessary examination. Was this clause inserted in the Bill as a mere blind, or was it intended as a means whereby wealthy and influential men from abroad could secure an easy entrance into the profession here? Does the Council, or does it not, intend to exercise the option of admitting to registration, without an examination, those whom everybody considers worthy of such a distinction? The ridiculous position of the Council in this respect would be still more apparent, if for instance Dr. Gross, of Philadelphia, Dr. Flint or Hamilton, of New York, wished to come to Canada to practice medicine. Would the Council insist on *their* passing a *strict* examination. Fancy Dr. Aikins, with all his knowledge of Practical Surgery, and for which he deserves great credit, examining such a man as Prof. Gross or Hamilton; or Dr. Clark,

of Guelph, examining Prof. Flint on the Practice of Medicine. They would simply be laughed at from one end of the country to the other. And these are the men who insist that every man, no matter what his standing and attainments may be, must pass a *strict* examination; and until this is done it will be useless for him to seek registration.

If the object is to render the Council unpopular, these arbitrary and unjust proceedings are the very things to do it. The Council has a very good enactment. It has great powers, but it must at the same time be careful how it uses them, or it may create such a reaction in the professional mind as will cause its speedy annihilation.

Many warm friends have been already alienated by some of its proceedings, and it becomes a matter of the greatest importance how its affairs are conducted, if it is to continue on the statute book.

CENTENNIAL OF CHEMISTRY.

A convention of American chemists in honor of Priestley, and to celebrate the 100th anniversary of the discovery of oxygen, was held in Northumberland, Pa., U.S., on the 31st of July and following days. The meeting was largely attended, and several very interesting papers were read. Prof. Croft of Toronto, was present as the representative from Canada, and read an able address on the "Life and Labors of Dr. Joseph Priestley." A paper was also read on the Century's Progress in Industrial Chemistry, by Prof. Smith, of Kentucky. Prof. Sterry Hunt of Boston read a paper on the "Century's Progress in Theoretical Chemistry." A commemorative address on American contributions to chemistry was delivered by Prof. Silliman, of New Haven, Conn. Among the business transacted by the convention was the appointment of a committee to extend by telegraph the sympathies of the meeting in Northumberland to the meeting being held contemporaneously at Birmingham, England, to unveil the statue of Priestley. The following despatch was sent by cable:—"The brethren at the grave, to the brethren at the home of Priestley send greeting." Prior to the adjournment in the evening the following despatch in reply was received from the chemists assembled at Birmingham:—"Our marble statue representing Priestly discovering oxygen will be unveiled tomorrow, presented by subscribers, through Prof. Huxley to the town and accepted by the Mayor. We greet you as colleagues engaged in honouring the memory of a good and great man."

Prof. Smith, of Kentucky, advocated the holding of a meeting of chemists during the year 1876, the American centennial, which is to be held in Philadelphia. His views prevailed, and a committee was appointed to make arrangements. A vote of thanks was passed to the President, the various committees and others, and the meeting adjourned until the 1st of August, 1974, *one hundred years* from to-day!

PROF. ERICHSEN.—Prof. Erichsen, of University College, London, Eng., the distinguished surgeon and author, was in Toronto for a few days the last week of August. He visited the Hospital, University, and other places of interest. Several of the medical men of Toronto called upon him at his rooms in the Queen's Hotel. He visited Niagara Falls, and intends making a tour through the United States before returning home.

We have received the following communication from the Dr. since his departure:—

Clifton House, Niagara Falls,
August 25, 1874.

To DR. FULTON,

Editor of the CANADA LANCET.

My Dear Sir,—Will you allow me through the medium of your valuable journal, to return my most cordial thanks to my medical brethren in Toronto, for the very friendly, indeed I may truly say flattering manner, in which I was received by them. I came to Toronto a stranger. I found the city full of friends. I regret much that my stay was unavoidably so short that I had not the pleasure of being able to meet the members of our profession, in that more public manner which I was told was the desire of some. But I shall ever retain a lively remembrance of the very cordial reception I met with, during my short visit to Toronto.

Believe me to be, my dear Sir,

Most faithfully yours,

JOHN ERIC ERICHSEN.

SCHOOL FOR YOUNG LADIES.—The widow of the late Dr. Rolph conducts a school in Toronto for young ladies and misses. The school has been in successful operation for the past two years, and has been very well attended. We have no doubt many of the medical friends of the late Dr. Rolph and others will be glad to know that his widow is meeting with success, and will favor her by using their influence in sending her pupils. The school is thoroughly equipped in every particular, and none but first-class teachers are employed.

PHARMACEUTICAL PREPARATIONS.—Dr. A. B. Lyons, analytical chemist of Detroit, has been analysing the preparations of Messrs. Wm. R. Warner & Co., of Philadelphia, and with very satisfactory results. In reference to their sugar-coated Quinine pills he says in his report "these pills are practically just what they claim to be, whether judging by analytical tests or by the therapeutic effect obtained from them."

ROYAL COLLEGE OF SURGEONS, ENGLAND.—The following gentlemen from Canada having passed the required examination for the Diploma, were duly admitted members of the College in July :—John Jay Farley, M.D., and Francis John Shepherd, M.D., McGill College, Montreal, and Wm. Henry Johnson, M.D., Toronto.

APPOINTMENTS.—Henry Thomas Corbett, M. D., Ottawa, Associate Coroner for the County of Carleton. Donald Alexander McCrimmon, M.D., Lucknow, Associate Coroner for the County of Bruce. Moffitt Forster, M.D., Thorndale, Associate Coroner for the County of Middlesex. Albert Edward Harvey, M.D., Wyoming, Associate Coroner for the County of Lambton. George Milmine McMicking, M.D., Goderich, Associate Coroner for the County of Huron. Robert Ramsay, M.D., Orillia, Associate Coroner for the County of Ontario. William Lafayette Smith, M. D., Mount Hope, Associate Coroner for the County of Wentworth. Sylvester Lloyd Freel, M.D., Stouffville, Associate Coroner for the County of Ontario.

DIED.

On the 17th ult., Dr. KING, of Seaforth, in the 40th year of his age.

On the 22nd ult., of cholera infantum, Kenneth Duncan, only son of Dr. McKinnon, Stratford, aged one year and five months.

Book Notices.

THE SCIENCE OF HOMŒOPATHY, or a critical and synthetical exposition of the Homœopathic School. By C. J. Hempel, M.D. New York: Bœricke & Tafel. Price, $1.75.

ARCHIVES OF ELECTROLOGY AND NEUROLOGY, vol. 1, No. 1, May, 1874; edited by George M. Beard, A.M., M.D., New York.

ELECTROLYSIS IN THE TREATMENT OF STRICTURE OF THE URETHRA, by Robert Newman, M. D., New York.

FIVE YEARS SURGICAL WORK IN THE MANCHESTER ROYAL INFIRMARY, by Edward Lund, F.R.C.S., Manchester, England.

THE ORIGIN OF CREATION, a new system of Natural Philosophy, by Trfad. Halifax, N. S.

The nucleus of the present work has already appeared in the form of essays on natural science. The author expects to revolutionize the whole theory of natural science taught in the present day. The book is a literary curiosity in its way, and as such we bring it under the notice of our readers.

Reports of Societies.

CANADIAN MEDICAL ASSOCIATION.

FIRST DAY'S PROCEEDINGS.

The seventh annual meeting of the Canadian Medical Association was held at the Clifton House, Niagara Falls, commencing on Wednesday, the 5th August, and continuing in session two days.

The President, Dr. Marsden, of Quebec, took the chair at 10 o'clock, a.m. The minutes of the previous meeting were read and approved, after which the President delivered the annual address, which was listened to with marked attention.

The following members were present, some of whom were elected at the present meeting :—Dr. Marsden, Quebec; Dr. Botsford, St. John's, N.B.; Drs. David, Hingston, Trenholme, and Robillard,

Montreal; Dr. Grant, Ottawa; Dr. Baxter, Cayuga; Drs. H. H. Wright, Giekie, Canniff, Thorburn, Oldright, Russell, Rosebrugh, Temple, C. B. Hall, and Fulton, Toronto; Drs. McDonald, Mullin, Malloch and Case, Hamilton; Drs. Turquand, McKay and Scott, Woodstock; Dr. Clarke, Princeton; Drs. Mack and Copeland, St. Catharines; Dr. Sloan, Blyth; Dr. Fraser, Pelham; Dr. Burgar, Welland; Dr. Hamilton, Millbrook, and several others. Dr. Jenks, Detroit, and Dr. Thompson, Lansing, Mich., were present as delegates from the American Medical Association.

An interesting paper on "Enteric fever," which we publish elsewhere, was read by Dr. Malloch of Hamilton; another on "Uterine decidua," by Dr. Trenholme of Montreal, and one on "Monstrosities," by Dr. Mullin of Hamilton. Dr. Scott of Woodstock, brought before the notice of the Association a new kind of "uterine supporter," which elicited considerable discussion. Dr. Botsford also exhibited a plan of bed for removing persons suffering severe illness or great pain. Certain amendments to the constitution and by-laws of the association were read and adopted. The papers above referred to were reviewed by several of the members, and occupied the rest of the day and evening. Some of these papers will appear in the LANCET from time to time.

SECOND DAY'S PROCEEDINGS.

The chair was taken at 10 a.m. The minutes of yesterday were read and approved, and some new members enrolled.

The report of the nominating committee was next received.

The following are the officers for the ensuing year:—

President.—Dr. Botsford, St. John's, N.B.

Vice-President for Ontario.—Dr. McDonald, Hamilton.

Vice-President for Quebec, Dr. Rottot, Montreal.

Vice-President for New Brunswick, Dr. G. A. Hamilton, St. John's.

Vice-President for Nova Scotia, Dr. Wickwire, Halifax.

General Secretary.—Dr. David, Montreal.

" *Treasurer.*—Dr. Robillard.

Corresponding Secretary for Ontario—Dr. Malloch, Hamilton.

Corresponding Secretary for Quebec—Dr. F. E. Roy, Quebec.

Corresponding Secretary for New Brunswick—Dr. Gregory, Fredericton

Corresponding Secretary for Nova Scotia—Dr. Moran, Halifax.

The following committees were appointed on the subjects named:—

PUBLICATION—Drs. Peltier, Marsden and Scott.

MEDICINE—Drs. Howard, Sewell, and H. H. Wright.

SURGERY—Drs. Hingston, Canniff and Grant.

OBSTETRICS—Drs. Trenholme, Lavell, and U. Ogden.

THERAPEUTICS—Drs. Clarke, Thorburn and Fenwick.

NECROLOGY—Drs. Campbell, Grenier, and De Wolf.

MEDICAL EDUCATION AND LITERATURE—Drs. Bayard, Parker, and Fulton.

CLIMATOLOGY—Drs. Botsford, Larocque, Thompson, Mullin and Turquand.

PRIZE ESSAY—Drs. Hodder, Oldright, and Craik.

Some discussion arose as to the manner of entertaining members of the association at future meetings, and Dr. Jenks of Detroit gave the association some valuable suggestions, arising from his experience in providing for the meeting of the American Medical Association in Detroit, a short time ago. Dr. Hingston brought forward the subject of acupressure in arresting hæmorrhage in surgical wounds, and exhibited a small ecraseur which he uses for the purpose of crushing the ends of vessels to arrest hæmorrhage. Several members took part in the discussion, some recommending torsion, some acupressure, and some the good old fashioned silk ligature.

A paper was then read by the Secretary, Dr. David, in the absence of the author, Dr. Howard, of Montreal, on the "Pathology of Tubercle and Pulmonary Phthisis."

A vote of thanks was passed to those who read papers; to the President; to the railway and navigation companies; and to the proprietors of the Clifton House for the use of the hall. The association then adjourned to meet in Halifax on the first Wednesday of August, 1875. Dr. Botsford was requested to appoint a committee to make arrangements for the next meeting. The members then took dinner together, and left by the afternoon trains for their respective homes.

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CANADIAN MEDICAL ASSOCIATION.

ADDRESS BY DR. MARSDEN, PRESIDENT.

GENTLEMEN :—Were I to consult my own inclination, I would not occupy any portion of the brief space of time allotted to your Annual Meeting by an address, but, as the tyrant custom requires it, I must conform, and will be as concise as possible. I avail myself of the earliest opportunity which presents itself to thank you for the honor you have conferred upon me, in electing me your President, but I regret that language fails me to express the depth of my feelings. It has often been my good fortune, during my long professional career, to have been complimented in a similar manner, but never in the same degree. When I see around me so many distinguished members of this Association who would have filled this chair so much better than myself, and when I look back and remember your—I mean our—happy choice of the able and eloquent chairman, who presided over our deliberations during the first three years of the existence of this association with so much tact, talent, and success—the Hon. C. Tupper, M. P., C.B., &c.—I feel all the more my inability to do justice to the office without your kind indulgence, although I will yield the palm to no man for professional zeal—my maxim having ever been, where the public interests of our noble and humane profession were at stake,—*semper paratus !*

One of the subjects that will engage the attention of this meeting is the proposed alteration of the By-Laws. The Committee appointed at the Fifth Annual Session of the Association, held at Montreal, in September, 1872, to amend the Constitution and By-Laws, reported to the Annual Meeting held at St. John, N. B., on this day twelve months past, and recommended, "that the plan of organization of the Canadian Medical Association adopted at the conference of the medical profession, held at the city of Quebec, October, 1867, and the Code of Medical Ethics, be continued without amendment;" and further recommended, "that a Constitution and By-Laws be adopted instead of those heretofore in force." A copy of the labors of that Committee is now before you, entitled, "proposed alterations to By-Laws to be considered at the Annual Meeting at Niagara Falls Wednesday, 5th August, 1874.

Having carefully examined the proposed alterations, I am of opinion that they will be a great improvement on the present By-Laws, with some slight changes and additions.

In Ethics, for example :

It is proposed "to continue the Code of Medical Ethics without amendment," but no provision has been made in the proposed By-Laws for a permanent Committee on Ethics. Such a committee is in fact a necessity, to which, in my humble opinion all cases of presumed infraction of the Code should in the first instance be referred for report, before any public action is taken by the Association, or record made. This would prevent the odium which might attach to persons falsely charged; and would avoid the needless wounding of the sensibilities of such as were really innocent of the accusations brought against them.

So strongly was I impressed with this conviction that I gave notice of motion in 1870, and, on the 14th Sept., 1871, carried a motion unanimously, and it was resolved, "that the Nominating Committee be instructed to name a Permanent Committee on Ethics, to be composed of ten members, representing each province of the Dominion." The session, however, adjourned so soon after, that no committee was named at that meeting. I would therefore respectfully recommend that, as it is proposed to continue the Code of Ethics, a Standing Committe on Ethics should also be added to the proposed By-Laws.

Registration, Medical Statistics, and Public Hygiene, are all subjects which call for action with a view to legislation.

Committees were named at the first Meeting of this Association, held on the 9th and 10th of October, 1867, at Quebec, to report on the best means of obtaining these desirable objects. The Committee of Registration, of which I had the

honor of being Chairman, reported, "that, after mature deliberation, they recommend, that this Association take the necessary steps to have carried through the Dominion Legislature an act similar (in so far as it is adapted to this country) to the Medical Act of Great Britain, passed in 1858.

The Committee on Medical Statistics and Hygiene, (both of which subjects were referred to the same Committee) reported on Hygiene alone, through Dr. Hingston, the Chairman, stating, "That there was a neccessity for a comprehensive system of Sanitary laws," and promised a report on Vital Statistics at a later period of the session. A reference to the minutes of the proceedings of the Association (so far as attainable) shews that nothing whatever has been done in the way of legislation in this matter.

Another Committee on Statistics and Hygiene was named at the Annual Meeting of 1873, held at St. John, N. B., of which Dr. Botsford, one of our intellectual, indefatigable, and zealous ex-Vice-Presidents is Chairman. He wrote to me on this subject in March last as follows: "I was named as one to bring the matter of Hygiene before the Dominion Legislature, especially looking to a registration of deaths and the causes, over the whole Dominion. For the province of New Brunswick I have to report that, whilst Boards of Health are provided for every county, and a registration of marriages for the Province, this is all that has been accomplished; and a registration of deaths, and the causes, does not exist!"

Although, gentlemen, I quite concur in the sentiments expressed by Dr. Workman in his address of welcome at our second Anniversary Meeting, that "neither the elevation, nor what is styled the protection of our profession is to be achieved by acts of Parliament,—and, that if we would be elevated, we must climb the steep ascent ourselves," yet there are certain subjects that demand legislation before we can make any useful application of them. Among these, I class Vital Statistics, Registration, and one uniform system of preliminary and professional education, examination and licensing. Committees have reported on all these subjects, and their reports have been adopted; and, as Dr. Tupper said in his address at Ottawa in 1870, "a far higher step has been taken by resolving that it was for the interest of the public and the profession, that one common portal of entrance should be established for the purpose of granting licences to practice."

Precisely the same opinions have frequently found utterance in the meetings of our elder sister, the American Medical Association, as will be seen by a reference to their transactions, from which had time permitted, I might profitably have made some extracts. This is a subject that has occupied the best attention of various Committees since the formation of this Association, and resulted in the forming of the "Contemplated Medical Act for the Domiuion of Canada," which was amended at the third Annual Meeting of the Association, held at Ottawa in September, 1870. It was again amended at the Annual Meeting held at Quebec, in September, 1871, and finally was referred to the Annual Meeting held in Montreal in 1872, each and every member of the Association having received in the meantime a printed copy of the same. This proposed Act has been a bone of contention, an apple of discord, to the Association ever since it was first introduced. In the western province of the Dominion, gentlemen, you have an Act based upon the English Medical Act, which is working most satisfactorily. The Province of Quebec, also, has as Act that needs very little amendment. The Eastern Provinces, however, of Nova Scotia and New Brunswick, which are younger in Medical Science and Literature, and have hitherto been almost without medical schools, are not so far advanced in the medical sciences as the older Provinces of the Dominion, and are not ready to enter on the same platform as their older brethren, and, therefore, at the Annual Meeting, held in 1872, it was resolved unanimously, to postpone the further consideration of the proposed Bill for two years. Thus it has been suspended like Mahomet's coffin, between heaven and earth, for two years past, and will possibly come up for action at this meeting. Doubts have been expressed by lawyers, as well as legislators (and by no less an authority than Dr. Tupper) of the legislative powers of the Parliament of the Dominion to pass any Medical Act for the whole Dominion, unless, or until previous concerted action has been taken by the Local Legislatures; and to this opinion I strongly incline. In the American Medical Association progress is being steadily made in that direction by state legislation, and I think the best thing we can do is to agitate

the subject in each Province of the Dominion, and separately and gradually lead them up to the highest standard required.

Thus only can we hope to succeed in Dominion legislation. I would, therefore, respectfully suggest that, when this matter comes up, some member will move that its consideration be indefinitely postponed, and thus put an end to a fertile source of discord. Let us carefully avoid all medical legislative action for the present, for to my mind no greater blunder could be committed in this democratic age, than seeking medical legislation, as the sympathies of legislators generally, and especially the unscientific who compose the majority, are in favor of quackery and free trade in medicine. Another subject, gentlemen, to which I would call the attention of this meeting is the great loss that the Association has sustained by the non-publication of the Minutes of its proceedings for the past two years. Whether the Association has the means to publish the Transactions, Reports, Proceedings and other papers or not, the Minutes of our proceedings, at least in my opinion ought to be in the hands of every member of this body. I trust we shall this day repair our error, and make any necessary sacrifice to publish them. The valuable unpublished papers which have been presented, read, and approved by this Association, and which must have cost their authors much study valuable time and trouble, remain a dead letter,—a dumb record—a sealed book to the whole medical and scientific world. For this seeming neglect I know not whether the accomplished and industrious writers, or the reading members of the profession at large have most reason to complain. Although this Association was organized for the protection of the interests of the medical profession, and the maintenance of its honor and respectability, it also contemplated the advancement of its knowledge, and the extension of its usefulness; and shall it be said of us, that we have done nothing to promote these high and laudable objects because our transactions embrace none of the essays and papers which for originality, learning and profound research would be worthy of honorable place in any similar volume? Let us, gentlemen, this day, I repeat, wipe out this reproach, and either publish them, or return them to their respective authors, for such action as they may see fit to adopt, for nothing should be kept back or hidden in this progressive age. Progressive age did I say? Yes, progressive! And it would be very easy did time permit me, to show the wonderful strides that medical art has made even in our own days. It has been raised from the level of a mere conjectural science to the status of a positive art. Mental agony and physical torture have now succumbed to bloodless and painless operations. Operations which formerly no amount of moral or physical courage could have induced the sufferer to submit to, are now endured with complacency.

Chemistry is a new science.

Were it possible to weld the link in the mortal chain which was so suddenly snapped asunder on the morning of the 29th of May, 1829, at Geneva, in Switzerland,—or to revive the mortal spark in the poor boy of Penzance, Cornwall, who was a popular lecturer on Chemistry to the Royal Institution, London, at 22 years of age,—or to bring before this meeting him, who for seven successive years was the unopposed President of the Royal Society of London, Sir Humphrey Davy, he, like Rip Van Winkle, would find all the ancient landmarks swept away by the progress of that science, which his genius had done so much to fructify and embellish. He would be a student still, gentlemen, as we all ought always to be.

Notwithstanding the extraordinary strides that have been made of late years in the medical and surgical arts and sciences, and the accessory branches of knowledge, and although the rewards are by no means equal to the responsibilities of the medical practitioner, nevertheless his sterling worth is not unfrequently recognized and requited.

Mr. Gladstone, at the dinner of the British Medical Association last year, paid a just tribute to our art, and said that but for the care and watchfulness of a succession of able physicians it would have been impossible for him to have gone through the fatigues of public life. It is, said he, among the wonderful and noble distinctions of your illustrious profession that, although its members may not receive that acknowledgment which awaits the soldier when he falls on the battle-field, yet they are to be found in countless numbers among the truest martyrs in the cause of humanity. He further said, truly, that medical knowledge has advanced in recent years in a degree which is not, perhaps, paralleled in any other profession. There is at present a greater and more sustained earnest-

ness of purpose, and a more general exaltation of the aims of medical men. And he concluded thus :—" This age is distinguished by an unbounded activity in all the sciences of observation. Of all these sciences yours is the noblest. It is given to you to study the relations between the wonderful body, and the still more wonderful soul and mind of man. You tread that borderland in which the two come in contact. It is very easy to describe the post office or the railway system, but you have to deal with a thing far more subtle when you attempt to grasp human nature as a whole. Human progress is not to be described by formularies. It is only by the most patient observation that a sound and comprehensive knowledge on such a subject can be acquired. To you it belongs to seize the great opportunities and to accept the great responsibilities which attach to the profession of which you are members, and to shew yourselves worthy of the great vocation with which you are entrusted."

Apologising for having occupied so much of your valuable time, and again thanking you for the high honor you have conferred upon me (probably as a recognition of the part I took in originating and organizing this association) I leave its perfection in your hands, gentlemen, and in your hands it is safe. It is, I firmly believe, destined to promote the blessings of fraternal harmony, professional unity and successful self-government. An Association such as ours—composed of scientific philanthropists—the residents of the frozen north and the sunny south ; the denizens of the forests, hills and dales, lakes and islands of a whole continent, animated by the most lofty and honorable impulses, casting their various and opposite opinions and prejudices together on the common altar of science, and uniting in one independent, cosmopolitan band, from Prince Edward Island to British Columbia—from the Atlantic Ocean to the Pacific, must and will be felt and heard. United, concorded action no law can resist ;—no law-maker can repudiate.

Finally, gentlemen, when I retire from this chair I shall remember that " the private station is the post of honor," and I beg to assure you that I shall always (whether present or absent) try to uphold the honor and dignity of our noble profession, and especially of this Association.

A YEAR'S EXPERIENCE WITH ETHER.

BY A. HAMILTON, M.A., M.B., MILLBROOK, ONT.

One year ago I determined to abandon the use of chloroform in producing anæsthesia in so far as practicable. The advantages and disadvantages of chloroform and ether have been so often discussed that the subject would seem to be trite. Yet an unbiassed statement of actual results with ether may be of value where, as in Canada, the use of chloroform generally prevails ; and this the more when we are occasionally startled by a death from chloroform, as we have been recently in a town in central Ontario, in which it would seem that the anæsthetic was not faultless, or at least helped to produce the disastrous result. The tenor of this paper will be that, with ordinary care, *death from an anæsthetic is wholly avoidable and unnecessary.*

Dr. Bigelow, of Boston, has given the following terse advice :

" 1. Accept the odor and bulk of ether as a cheap compromise for the safety of the patient and the confidence it gives the operator.

2. Believe that the anæsthetic effects, whether pleasant or objectionable, do not materially differ from those of chloroform.

3. Recognize the fact that while chloroform may kill without warning, ether never does.

4. Aim at anæsthesia by inebriation, not by asphyxia."

During the past year, then, I have acted upon Bigelow's advice, except in cases of extreme inconvenience, and have administered (or had administered for me under my immediate supervision),

Ether	about	80	times.
Chloroform	"	5	"
Ether, followed by chloroform	"	1	"
Chloroform, followed by ether	"	0	"
Ether and chloroform mixed	"	0	"

Of the five chloroform administrations, three were at the request of other surgeons, who produced the chloroform ; one was at a great distance from the office, and the carriage of bulky ether was inconvenient ; and the fifth case was one in which, after introducing and locking the obstetric forceps, an anæsthetic was unexpectedly required, and

ether could not be readily got. The case in which ether was followed by chloroform was one in which a strong man began to struggle violently in the office, and having only a layman as assistant, who had never seen anæsthesia induced before, I was compelled to rapidly bring him under the influence of chloroform. The administration of chloroform followed by ether would seem to be advisable in lengthy operations where the odor of ether is objectionable. This is the occasional practice of Prof. Alex. B. Mott, of New York. In point of fact, however, no difficulty has been experienced in overcoming any slight objection offered. Mixture of the two agents should not, I think, be employed; since, if carefully given, chloroform must do nearly all the work; while, if given improperly, ether may lure the administrator into a false security. Hence for the sake of *safety* I would prefer pure chloroform to the mixture.

The time required to produce complete anæsthesia has ranged from one to six or eight minutes, with an average of about three. The struggling has not been greater than when taking chloroform. Whether the nausea and vomiting after ether is greater seems doubtful; it certainly has been commonly quite mild. It may in general be given at the office, patients usually being able to walk or ride home in an hour or two afterwards. The time of administration has varied from a few minutes to an hour and a-half. Its crowning excellence seems to be, as regards the patient, its safety; as regards the operator or administrator, the confidence (approaching indifference) which it inspires.

From statistics we may infer, however, that *chloroform is safe enough in obstetric practice.*

In its administration, having seen that there is no constriction about the chest, and that the stomach is not full, I am accustomed to act upon the following aphorisms:—

(*a.*) While the face is florid there is no danger go ahead and give more.

(*b.*) While the countenance is frowning, go on.

(*c.*) When the face gets livid, give air.

(*d.*) A snoring respiration indicates the approach of deep anæsthesia.

(*e.*) The profoundness of the anæsthesia is best measured by the insensibility of the cornea.

(*f.*) The patient is all right so long as his breathing is good. Should the breathing become alarming, depress the tongue so as to admit air over its base. If this is not enough resort to artificial respiration.

(*g.*) Should the pulse become feeble, it is probably due to nausea, and indicates approaching emesis, after which its force will rise.

(*b.*) Mucus and blood (if the operation is in or near the fauces) should be frequently wiped with forceps and sponge. A uterine sponge-holder is admirable for the purpose.

The safety and confidence given by ether as well as the reason for statement (*f*) will be apparent if we consider the multitudinous experiments of Prof. Schiff, of Florence, (*The Practitioner*, April, 1874,) on dogs and rabbits with the manometer constantly connected with the carotid artery. "Both ether and chloroform, pushed to the last stage of their action, give rise to paralysis of the respiration, vessels, heart, and motor nerves, but ether invariably produces its effects in the order of sequence now given (life of course being sustained in all cases by artificial respiration when automatic breathing has ceased); while chloroform sometimes produces paralysis of the vessels in the first instance, then of respiration, and finally of the heart. The result of the action of chloroform is thus variable; it frequently happens that its effects manifest themselves in the same order of sequence as those of ether, only much more rapidly; and it also happens that they follow each other in an inverse order as respects the first phenomena—paralysis of the respirations and of the vessels. It is this variable action of chloroform, which the physician is unable to foresee and to provide against in individual cases, to which the danger to life is traceable. Very often at the beginning of the inhalation of chloroform by the trachea, the vessels become at once paralyzed, the pulse is insensible, and death follows rapidly with a deep inspiration. * * * Experiments confirm more and more, that in etherization the pressure of the vessels maintains itself to a height almost normal and always compatible with the continuance of life even after the cessation of automatic and the substitution of artificial respiration, so that the mere continuance of breathing gives us a safe warranty of the vitality of the individual."

In conclusion I may say for the future I expect to use ether almost exclusively. Possibly my experience with it would not have been as favorable

had I not taken care to secure a good article. Squibb (36 Doughty St., Brooklyn, N.Y.,) manufactures excellent ether; that sold me by H. J. Rose, Toronto, has given entire satisfaction.

TREATMENT OF PUTRESCENT FEVER.

BY C. B. HALL, M.D., TORONTO.

In the August number of *Tilden's Journal* of Materia Medica, I find a very interesting article, by W. J. Branstrup, M.D., on sulphurous acid in the treatment of typhoid fever, the result, apparently, of the accidental request of a very sick child, but more likely the conception of a well stored mind used to a steady digestion of careful thought.

In 1865, I called the attention of the profession through the *Canada Medical Journal*, to the treatment of those Pythogenic diseases of which typhus fever was the type, supporting the theory, that although these diseases are of the continuous class of fever, yet there is a continual change marked by critical days, and at one stage the putrescent symptoms become more marked, and that the regular tendency was this putrescent change, and not resolution, therefore the only reliable remedies were antiseptics, one of which is sulphurous acid. The better way of administering it, in the early stages, when excessive heat, dry skin, flushed face, and constant thirst, require the action of anti-febrifuge and diaphoretic medicines, such as ipecac., solution of ammonia or perhaps antimony, is in the form of the sulphites of the alkaline bases. This treatment will mostly prevent the fever assuming the more serious symptoms. But for a patient in the state of the case before us, (often found so from neglect of the former medicines,) "the abdomen tympanitic, bowels moving every fifteen minutes, each passage containing more or less blood, pulse 120, weak, respiration 30, tongue red at the edges with brown centre and dry as a chip," the most sure and reliable medicine and the most active of its class, is permanganate of potash. This, if given in about a quarter to two grains, and repeated every three hours will never take more than forty hours to entirely change these appearances. The marked symptoms, as I have given them in the former paper, which indicate the crisis of the pythogenic changes, are the tongue becoming dry, red or brown, with unmistakeable sordes, parched, cracked, the brown increasing to black, incessant thirst, increased pulse, pain in the head, dimness of vision, contracted pupils, ringing in the ears, sleeplessness, wandering of the mind, muttering, muscular tremors and general agitation, all following in rapid succession. This change may take place in twenty-four hours—seldom longer than three days. Sometimes these more marked indications are preceeded by the rose-colored spots or petechiæ, all of which show the tendency to putrescency or waste of tissue. Now this is the stage in which I have found permanganate of potash so valuable, indeed I have never seen a failure for over ten years. I do not confine this treatment to pure cases of typhus exclusively, but when the above symptoms are manifest, whether in typhoid pneumonia, scarlet fever, or that more marked and dreaded puerperal fever. If the case has not run into gangrene proper, I have no doubt of the success of this treatment. If not trespassing too much I would cite one or two cases.

Case I.—E. I., male, æt. 20. Oct. 10th, 1864. Fourth day of fever, pulse 98, skin hot, dry tongue coated white, bowels confined, no pain in the head, thirst great, urine scanty, no sediment, ordered soda et pot. tart. ʒij, every four hours. 11th. Bowels moved, fæces dark, fœtid, urine slightly increased, pulse 90; prescribed vini ipecac., liq. am. acet. 13th. Complains of pain in the head, pulse 106, tongue clean red, increased thirst, urine scanty, no deposit; pot. permang. grs. ij, every four hours; soda et pot. tart. ʒij, at night. 14th. Bowels open, stools offensive, tongue dry, cracked, brown; teeth black; delirium; rose spots on abdomen inclining to purple; continue pot. permang. 15th. Tongue moist, clean; urine free, heavy deposit; bowels open. 16th. Stopped pot. permang., and gave infus. cinchona. Convalescent.

Case II.—T. A., æt. 22, female. Sept 11, 1874. Full habit, strong and generally healthy, was attacked with pain in the stomach the night before, followed by vomiting and purging incessantly; cholera mixtures were tried in vain, mustard and hot cloths had been applied without relief. I saw her first at 4 P.M, the vomiting and purging continued with every movement. Mucus with tinges of blood,—tongue white and coated heavily; pulse 90 feeble; respiration 20; skin dry and hot; excessive thirst

for cold water, which was thrown up almost as soon as swallowed.

℞—Sodæ sulphitis, ʒij.
Tr. camph. co.
" catechu, aa. ʒss.
Aq. cinnam. ad. ʒiv.—M.
Sig.—A dessert-spoonful every morning.

7 P.M. vomiting ceased; bowels checked; less pain. Still mucus and blood; continue medicine every two hours. 12th, 9 A.M., better; tongue clean; bowels move every four hours; no return of vomiting. 13th, entirely well. No tonic required. In the last two months such cases have been common, but scarcely any has failed under the use of the sulphites, or the sulpho-carbolate of sodium; nor could any other result be expected if the theory of putrescency be correct, though the convalescence may be prolonged.

MONSTROSITIES.

BY JOHN A. MULLIN, M.D., HAMILTON.

(Read before the Canadian Medical Association,)

The drawing, from which a wood-cut representation is given below, was hastily sketched by Wm.

Leggo, Esq., and conveys a fair idea of the appearance of the monster.

The following notes were taken of the dissection, which, I regret, we were obliged to make in a very brief time. The child is below the average size of the fœtus at full term. On exposing the sternum, it was found composed of two sternums, the manubria of which were separated above by the coalescence of the ribs. Each sternum has the articulation for two clavicles; proceeding downward, the two bones are consolidated. The outer clavicle of each thorax was normal in position and size, as were the corresponding scapulæ and arms; the inner clavicles were thrown upwards and backwards to meet their scapulæ; these clavicles, as well as the corresponding arms, were smaller than the outer ones; the adjoining scapulæ, which are here presented, were united by ligaments at the lower part of the anterior borders. The outer ribs of each thorax were normal; the upper five inner ribs of each proceeded from the spine upwards and forwards to the corresponding sternum, and near their sternal attachments formed a cartilaginous ridge; the sixth inner rib was short, and united to the same rib of the other chest; the remaining ribs were very rudimentary and consolidated, forming a bony ridge between the lower dorsal spines.

The spinal columns were widely separated above; below, they approached, and became one by the consolidation of the adjoining iliac bones; the spinal canals were distinct. The left spinal cord was exposed; the nerves proceeding outwards were normal, those proceeding inwards smaller, especially towards the lower part of the cord, where they were quite rudimentary.

The cranial cavities were not opened.

The common sternum having been removed, immediately underneath were the pericardia, quite distinct, the partition being formed by the serous lining of the sacs. Each heart occupied nearly a normal position. The left heart was larger and better developed than the right, the only peculiarity being a common opening for the venæ cavæ into the right auricle, and a very free communication between the auricles; the valves were normal. The right heart was imperfectly developed, the only septum between the auricles being a small band of muscular tissue about the $\frac{1}{10}$th of an inch wide; the ventricles were not separated, and all the valves were imperfectly formed. On tracing the course of the aorta, the right was found much the

smaller, and emptied into the left opposite the upper lumbar vertebræ, the blood having been propelled through the lower extremities chiefly by the force of the left heart.

There were four lungs, the inner ones apposed to one another, but separated by the pleural membranes; they were on a higher level than the outer ones, on account of the obliquity of the chests; they did not contain air.

The diaphragms were united in the median line; the abdominal cavity was common; the liver was single, of large size, extending from side to side; two gall bladders, separated by a considerable space, in which was found a single falciform ligament; two stomachs; one spleen, on left side; one large pancreas; two kidneys; one urinary bladder; the duodena and jejuna were separate, the ilia united near their terminations; the large intestine was single; the testicles were found in the abdominal cavity.

The mother of this monster is twenty-one years of age, and has generally enjoyed good health, the only illness of moment from which she has suffered was an attack of confluent variola in April, 1868, from which she speedily recovered without treatment.

She has been married about two years; and in February, 1873, was delivered of a healthy, well-formed female child; since that, has enjoyed good health. The recent pregnancy did not present any peculiar features; the labor-pains began early in the day, having been preceded by irregular pains through the night and day previous. In my absence, she was attended by Dr. Woolverton, who found the os well dilated and the bag of waters low in the pelvis; after the waters were broken, the head, presenting in the first position, descended slowly, and at length was delivered; the body failed for a short time to descend, and it was found that some peculiarity existed, it being difficult to reach the axilla; at length the shoulders were expelled, and it was necessary to use strong traction to deliver the remaining part of the child; it was then seen that the difficulty had been caused by the presence of a second head, which, in delivery, had been bent downwards upon the thorax and abdomen. The right head was delivered first, and was very livid; a slight effort to breathe was noticed after the birth of the left head. The patient made a good recovery.

I was kindly assisted in the examination of the monster by Drs. Mackintosh, Woolverton and Malloch.

With Dr. Malloch's consent, I bring before you another case of monstrosity,—a cyclops,—illustrating deficiency in development.

Mrs. U., primipara, middle aged, was delivered on the 22nd January, 1873, by the forceps, of a female fœtus, from which this drawing was made by Wm. Leggo, Esq. The fœtus had evidently

been dead some days. The cranial sutures were widely separated, and on removing the skull-cap, a quantity of serous fluid, which had filled the ventricles and compressed the brain substance against the cranial walls, escaped. It was ascertained that the olfactory nerves which passed through the cribriform plate, to the proboscis-like member, were present; the optic nerves were represented by one small nerve, which pierced the skull opposite the central single eye, situated immediately below the proboscis. The nerves posterior to the 5th, seemed normal. The body was kept, but during an absence of some months, the preserving fluid evaporated, and the specimen was spoiled.

On the 22nd of May, 1874, Mrs. U. was delivered of a healthy, well formed male child. Four weeks before her last confinement, she was attended by Dr. Malloch for a strangulated umbilical hernia, which was reduced by the taxis. For years she has had an incarcerated umbilical hernia. The parents have not had syphilis. Mr. U. has had corneal opacity of both eyes, the result of phlyctenular ophthalmia in childhood.

Correspondence.

To the Editor of the LANCET.

SIR,—It is generally supposed, and ought to be the case, that the examinations of the College of Physicians and Surgeons of Ontario are conducted in a strictly fair and impartial manner. In order that such should be the case, I do not think it necessary that any examiner should know either the candidate or the medical school at which he received his medical training. Nevertheless, we find Dr. Aikins, one of the examiners, a prominent teacher in one of the medical schools in Ontario, and treasurer of the Medical Council, by virtue of the latter position, requiring students, when paying their fees, to state what medical school they attended, and taking a note of it.

I would like to know whether the Council has required him to obtain such information or not; and if not, what business he has to demand it? What laudable object can he have in demanding such? I think every unprejudiced mind will say none. It might therefore be surmised that the Dr., in his eagerness to further the success of those students under his training, has resorted to this apparently trifling subterfuge. Should such be the case, the sooner he is replaced by some one else the better.

I hope the members of the Council have its interests sufficiently at heart to investigate the matter thoroughly, and put a stop to anything that has the slightest semblance of injustice.

Yours, &c.,

MEDICUS.

To the Editor of the LANCET.

SIR,—I beg to enclose the following extract from the San Francisco *News Letter*, dated 4th July, 1874:—

WHERE ARE THOSE DIPLOMAS?

We are perfectly inundated with letters of inquiry and approval respecting the very able articles that have appeared in the *News Letter* in regard to our Physicians. Those articles have brought to our knowledge an amount of charlatanry of which we had no previous conception. It is undoubtedly a most dangerous thing to send for a Doctor in San Francisco unless you know who you are sending for. In view of the facts that have come to our knowledge, we feel assured that we shall be equally serving the profession and our citizens generally when we publicly ask certain men: "Have you a diploma?" If they have, we will give them an advertisement gratis. If they cannot answer the query, the conclusion is obvious, and the duty of their patients plain. We append a list of practising medical men, to whom we now put that question. We shall add to it from time to time.

Gentlemen, Have You a Diploma?

Dr. J. N. Eckel, 325 Geary street.
Dr. Charles Luscomb, 426 Kearny street.
Dr. E. D'Oliveira, 524 Pine street.
Dr. D. F. Denicks, 418 Kearny street.
Dr. A. S. Ferris, 832 Howard street.
Dr. Jason J. Braman, Taylor street.
Dr. Ben. F. Lyford, 402 Kearny street.
Dr. Pigne Dupuytren, 424 Sutter street.
Dr. Wm. Wilson, 321 Kearny street.
Dr. J. B. Pinchard, 15 Second street.
Dr. P. J. McEwan, 1028 Market street.
Dr. F. G. Rappin, 1517 Stockton street.
Dr. Sposati, late of Stockton.
Dr. Geo. Fischer, 314 Stockton street.
Dr. —— Close, 822 Mission street.
Dr. J. B. Trask, 542 Market street.
Dr. H. S. Baldwin, 612 Clay street.
Dr. C. T. Deane, corner Montgomery and Sutter streets.

P.S.—Dr. C. T. Deane, Professor of Diseases of Women and Children, and Clinical Obstetrics, in the Medical Department of the University of California, has called upon us, and claimed to have a diploma from Giessen, in Germany. He did not claim to have any other. He never lived in Germany for any time, and *does not speak the language.* They sell diplomas in Giessen for coin. Those who think that diploma guarantees that Mr. Deane possesses skill, or even a medical education, may continue to think so.

It might be necessary to do the same in Ontario. What is the Council about?

Yours truly,

ALPHA.

19th September, 1874.

Reports of Societies.

NORTH ONTARIO MEDICAL ASSOCIATION.

MINUTES OF FIRST MEETING.

At a meeting of the medical men of North Ontario and adjacent townships, the following gentlemen were present:—Dr. W. Philp, Port Perry; Dr. S. L. Freel, Stouffville; Dr. R. W.

Forrest, Mount Albert; Dr. J. D. Smith, Sandford; Dr. Black, Markham; Dr. J. McDermott, Sunderland; Dr. J. Nation, Uxbridge; Dr. J. Bascom, Uxbridge; Dr. J. J. Hillary, Uxbridge.

On motion, Dr. Forrest took the chair and Dr. Hillary acted as Secretary.

Moved by Dr. Freel, seconded by Dr. Hillary, that this Association be called "The North Ontario Medical Association," and that we invite medical practitioners of the North Riding and adjoining townships to join the Association.—Carried.

Moved by Dr. Hillary, seconded by Dr. Bascom, that Dr. Nation be President.—Carried.

Moved by Dr. Nation, seconded by Dr. Philp, that Dr. Gillespie be Vice-President.—Carried.

Moved by Dr. Freel, seconded by Dr. Smith, that Dr. Hillary be Secretary and Treasurer.—Carried.

Moved by Dr. Nation, seconded by Dr. Smith, that the Medical Tariff of North York, as revised, be adopted by this Association as a guide to their charges, and that the members present sign the same, and that the Secretary forward a copy of the revised Tariff and a copy of the minutes of this meeting to all practitioners in the riding and adjacent townships for their signature.—Carried.

Dr. Hillary read two cases of interest, and placed on exhibition "An Aspirator," kindly offering the use of it to any member of the Association that might meet with cases requiring it, in his practice.

Moved by Dr. Bascom, seconded by Dr. Smith, that the Fee for Membership be not decided on till next meeting.—Carried.

Moved by Dr. Freel, seconded by Dr. Bascom, that this meeting do now adjourn and meet again at the call of the Secretary, when he has obtained signatures to the Tariff and arranged matters to the President's satisfaction, and on consideration that the next meeting be held in Uxbridge, at Plank's Hotel, at 7 o'clock p.m., it being, in the opinion of the gentlemen present, the most central place of meeting and most convenient hour.—Carried.

Moved by Dr. Bascom, seconded by Dr. Freel, that Dr. Hillary be requested to read either a paper or some cases of interest at next meeting.—Carried. The meeting then adjourned.

Uxbridge, August 3rd, 1874.

Selected Articles.

THE MEETING OF THE MEDICAL COUNCIL.

In other pages of the JOURNAL of the last two and the present weeks, we have given an account of the proceedings of the recent session of the General Medical Council. We here subjoin a brief summary of the principal events.

On the first day, the President, Dr. Paget, opened the proceedings with an address, which was published at page 33 of the JOURNAL for July 11th. At its close, he retired from the office of President, which he had held for the full term of five years. Having passed a vote of thanks to him for his valuable services, the Council unanimously decided on re-electing him President. On again taking the chair, however, he announced that he could only consent to hold office during the session; and, at the termination of the business on the last day, he carried out his resolution of retiring, although the Council had in the meantime unanimously solicited him to remain in office for the full term of five years. His retirement was received with much regret; and the Council, by an unanimous vote, recorded their grateful appreciation of the able and courteous manner in which he had fulfilled his functions. Dr. Acland, the representative of the University of Oxford, was appointed his successor.

The business which chiefly occupied the Council was the consideration of the Reports of Visitations of Examinations. These had been made, in pursuance of the decision of the Council at its session in 1873, each by two visitors, one being a member of the Council and one being chosen by the Executive Committee from without the Council. The examinations visited were the following: Society of Apothecaries, London, by Dr. Quain (Member of Council), Dr. A. W. Barclay, and Mr. Busk; the Royal Colleges of Physicians and of Surgeons of Edinburgh (primary and second joint examinations) by Dr. Parkes (Member of Council) and Mr. Holmes; the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh (single examinations) by Dr. Risdon Bennett (Member of Council) and Mr. Busk; the Faculty of Physicians and Surgeons of Glasgow and the Royal College of Physisian of Edinburg (second conjoint examination) by Dr. Parkes (Member of Council) and Mr. Busk; the Faculty of Physicians and Surgeons of Glasgow (first and second examinations) by Dr. Aquilla Smith (Member of Council) and Mr. Henry Power; the University of Glasgow (first and second professional examinations) by Dr. Quain (Member of Council) and Mr. H. Power; also by Dr. Humphry (Member of Council) and Dr. Barclay; the Royal College of Surgeons in Ireland (examinations for

letters testimonial) by Dr. Aquilla Smith (Member of Council) and Mr. H. Power ; the Queen's University in Ireland, by Dr. Humphry and Mr. Power; also by Dr. Bennett and Dr. Bristowe. An analysis of these important reports is being given elsewhere in the JOURNAL.

The question that the reports of the visitors should be at once taken into consideration by the Council was opposed, but without effect, by Sir Dominic Corrigan, who urged that the Council ought not to proceed further until the examinations of all the licensing bodies had been visited and reported on. The reports were considered in succession in Committee of the whole Council ; and with regard to most of them it was decided to send copies to the bodies specially concerned for their consideration and remarks. A stronger course was adopted with regard to the Royal College of Surgeons of Ireland, the Council appending to the ordinary resolution another calling special attention to certain defects alluded to in the report. A similar proceeding was proposed with regard to the Queen's University in Ireland, but, after an animated discussion, was not adopted.

Several motions relating to various points referred to in the reports were brought before the Council. The comments of the visitors on the imperfect preparation of many of the candidates led Dr. Humphry to propose that the Council should recommend that the certificates given by teachers should include a statement that the pupils had "satisfactorily attended" the class examinations. This was agreed to, after a debate in which it was shown that the system of class examinations had been already adopted by many teachers, in some schools, indeed, for many years ; but that there was no power to compel the students to attend them. A proposal by Dr. Andrew Wood, that the area of examination (not of teaching) should be limited and defined in regard to such subjects as botany, zoology, chemistry, and materia medica, was also agreed to ; it being the opinion of most members of the Council that the vast extent of these subjects rendered it unreasonable to expect a student to be master of them and at the same time to possess a competent knowledge of the more important practical departments. The Council also adopted a proposal of Dr. Humphry, recommending that two examiners, or an examiner and an assessor, should be present at every clinical and every oral examination ; and also a motion brought forward by the same gentleman, that an examination on any subject ought not to be conducted wholly or in great part by the teacher of the candidate in that subject. A motion proposed by Dr. Storrar, in favour of "objective" examinations, and of the appointment of "experts" as examiners, was negatived ; and the same fate befel a proposal of Dr. Apjohn to lay down rules for the conduct of examinations in chemistry. The principal reason for not approving these proposals, was the reluctance of the Council to lay down minute details of rules for the guidance of examining boards and schools.

The Council decided to continue the visitation of examinations.

Communications of a very satisfactory nature relating to the conjoint examination scheme for England were made to the Council. Dr. Storror read a letter from the Home Secretary, approving of the resolution of the Senate of the University of London not to admit candidates to the second M. B. examination before passing the final examination of the conjoint Board. The passing of the Apothecaries' Act Amendment Bill was also reported ; and correspondence relating to the subject was produced by Mr. Bradford, the representative of the Apothecaries' Society. A resolution expressing the satisfaction of the Council at the progress that had been made was passed. It appears, however, that there are still some legal difficulties in the way of carrying out the scheme ; but it is confidently expected that they will be readily removed.

A question put by the President, by request of Dr. Apjohn, led to an explanation by Mr. Macnamara, the representative of the Royal College of Surgeons of Ireland, of the attitude of that body with regard to the Irish conjoint scheme. He explained that the Council, with whom rests the management of the affairs of the College, had steadily adhered to the conjoint scheme ; and that the majority of the Fellows had shown their approbation of their conduct by re-electing the majority of them to office. The prospect of forming a conjoint board in Ireland with the co-operation of all the licensing boards in that division of the kingdom, except the Queen's University, was considered hopeful.

A proposal of Sir Dominic Corrigan, that the Medical Council should approve a Bill for instituting a special examination for all medical men seeking appointments in the civil public service, was rejected ; the mover and seconder alone voting in its favour.

On the suggestion of Dr. Acland, the Council, on the first day of meeting, appointed a Committee to examine the report of the Parlimentary Committee on the adulteration Act ; and subsequently adopted a series of resolutions regarding the qualifications of public analysts, which were presented by a deputation of the Council to the President of the Local Government Board.

In reply to a question of Dr. Andrew Wood, whether Matthew Bass Smith, whose name had been removed from the *Register* by order of the Medical Council, was still on the roll of members of the Royal College of Surgeons of England, Mr. Quain, the representative of that body, explained that the College at present had no power to remove his name, but that a bye-law was being

framed for the purpose of enabling the College to deal with similar cases.

The returns, two in number, from the Army Medical Department, showed that, out of thirty-three candidates, one only had been rejected.

The reports of the Pharmacopœia Committee and of the Finance Committee were presented and approved.

The session lasted nine days; but, beyond the discussion on the report of visitations of examinations, it cannot be said that much of importance was done.—(*Brit. Med. Journal.*)

THE THERAPEUTICAL ACTION OF QUININE.

M. Sée has been delivering at the Charité a series of clinical lectures on the thrapeutic action of quinine, some notes of which may be of interest. He is one of the most advanced scientific therapeutists, and believes that the action of drugs in disease may be predicted and explained by their physiological action in health. It is impossible to give more than a general idea of the views advanced and ably expounded by references to the natural history of the various diseases and the known action of quinine in their different forms, especially with regard to malarial fevers and acute rheumatism. His general conclusions are as follows :—

In health quinine has a threefold action : firstly, it diminishes the frequency and force of the action of the heart ; secondly, it lowers the tension in the arterial system ; and thirdly, it lowers the temperature, or prevents its elevation by exercise &c. Whilst recognizing its action on the amœboid movements of the white blood-corpuscles, as shown by Cohnheim, Binz, and others, he does not regard this as of great importance.

In an able analysis of the various forms of malarial fever, and the teachings of experience as to the value of quinine in each, he concludes that the drug cannot be regarded as a specific or counter-poison—as (1) it does not prevent malarial poisoning when taken as a prophylactic ; (2) it does not prevent recurrence after a variable period ; and (3) it is useless in some of the most fatal forms, especially where the fever tends to assume a continued type. Moreover, he points out that in other fevers which present the characters of periodicity and the occurrence of initial rigor—e.g., urethral fever from catheterism,—quinine has an equally beneficial effect. He believes that the effect of quinine in ague is due to its threefold action, exerted chiefly during the period of rigor ; by its action on the heart it diminishes its frequency and force ; on the peripheral arteries, it lowers their tension and produces dilation ; on the spinal cord and vasomotor centres, acting as a sedative, it tends to diminish their excitability ; and lastly, it exerts a direct cooling action on the system generally ;—the latter, however, being the least important factor.

In acute rheumatism, M Sée considers it by far the most valuable medicine ; and states that he always returns to it with benefit after the trial of all other methods of treatment. Here, again, he sees in its physiological action the most precise indications for its use. Especially in its effect on the spinal cord—in lowering its irritability, and thus diminishing the sensibility to pain ; and lessening reflex excitability, and thus reducing irritation and the afflux of blood to the inflamed joints—does he consider that its value lies, its action on the vascular system and in lowering temperature being also beneficial. The dose which M. Sée recommends is from ½ to 1½ grammes (or 8 to 24 grains nearly) in the day ; increasing it, however, to 2 or 3 grms., or even more if needful. It may be mentioned that this mode of treatment is adopted by a large number of the leading physicians in Paris, either exclusively or with other means, and they all appear to be unanimous in its favour. It is only in the acute stages that M. Sée considers it beneficial, except for the relief of pain ; and in this respect it is also useful in gout.—*The Lancet.*

THE DIAGNOSIS OF BLOOD-STAINS.

The generally received opinion that the microscope is of little or no service in discriminating between the blood-corpuscles of man and the common mammalian animals would seem to be refuted by some recent investigations of Dr. Joseph G. Richardson, Lecturer on Pathological Anatomy in the University of Pennsylvania and Microscopist to the Pennsylvania Hospital. In his investigations Dr. Richardson employed a far higher power of the microscope than has hitherto been used in the investigation of blood-stains. He worked with $\frac{1}{8}$ immersion lens (giving an amplification of 1250 diameters), and with this high power he had been uniformly successful in discriminating between the blood of man, the ox, and the sheep.

The specimens of blood were prepared for him by two scientific friends, and were submitted to him as a riddle which he was required to solve, the specimens of blood being merely designated by a number.

The stains were broken up into fine dust with a sharp knife, placed upon slides, and covered with a film of thin glass. A few drops of the ordinary three-quarter of one per cent. solution of common salt were then successively introduced at one margin of the cover, and removed from the opposite edge as they penetrated thither by a little slip of blotting-paper, thus washing away the colouring matter from the tiny masses of dried clot. When these particles were nearly decolorised, a drop of

aniline solution was allowed to flow in beneath the cover, and after remaining about half a minute, was in its turn washed away, and its place supplied by a further portion of weak salt solution. Examined under the high power, and ten consecutive corpuscles from each stain being measured with a cobweb micrometer, the following results were obtained.

In the first specimen the maximum size of the corpuscles was $\frac{1}{3188}$ inch, the minimum $\frac{1}{3819}$, and the mean of the ten $\frac{1}{3407}$ inch in diameter. In the second specimen the maximun was $\frac{1}{4444}$, the minimum $\frac{1}{4878}$, and the mean of the ten $\frac{1}{4694}$ inch. In the third specimen the maximum was $\frac{1}{3401}$ the minimum $\frac{1}{3888}$, and the mean of the ten $\frac{1}{3818}$ inch.

From these measurements Dr. Richardson rightly concluded that the first specimen was human blood, the second ox blood, and the third sheep's blood.

A second experiment made under the same conditions gave similar results, and enabled Dr Richardson to discriminate rightly. In this experiment the mean diameters of human, ox, and sheep's blood-corpuscles were found to be $\frac{1}{3480}$, $\frac{1}{4660}$ and $\frac{1}{3813}$.

Dr. Richardson has thus, it would seem, made a valuable addition to forensic medicine; and we shall be interested to hear what results are obtained by other investigators who may use the high powers of the microscope for a similar purpose.—*The Lancet.*

ABSTRACT OF LECTURE ON THE SURGICAL TREATMENT OF ANEURISM.

BY T. HOLMES, F.R.C.S., PROFESSOR OF PATHOLOGY AND SURGERY.

POPLITEAL ANEURISM.—The first topic treated of in this lecture was the effect which the previous use of compression has on the success of the ligature, should this operation afterwards become necessary. It is generally taught that this effect is favourable; that doctrine resting mainly, if not entirely, on the statistics published by Mr. J. Hutchinson in the *Medical Gazette* for November 29th, 1856. But those statistics are too meagre to be the basis of any certain conclusion; and, although it is true that the previous use of compression may cause the enlargement of the collateral vessels, and so diminish the risk of gangrene; yet prolonged compression, by the suffering and confinement which it involves, must probably affect the result of the case unfavourably. Certain it is that, in the hospital table before referred to, the numbers (which are much larger than Mr. Hutchinson's) show a greater proportion of failure in the cases treated by ligature after compression, than in those treated at once by ligature. This is attributable, probably, in part to the fact that compression succeeds in the best cases and fails in the worst, as much as to any effect of the compression itself. The total result of the cases of popliteal aneurism in which the compression-treatment was adopted (including those in which it failed, as well as those in which it succeeded) was almost identical, both in the proportion of deaths and of failures, with those treated on Hunter's method, by the ligature used at once. This fact seemed to the lecturer to argue greatly in favour of the compression-treatment; since, by means of it, a large proportion (amounting to about a quarter) of the whole number of cases of popliteal aneurism were cured without any danger to life whatever, and in many cases with little or no suffering; and, in those who recovered, the limb was stronger and better nourished, in consequence of the less obstruction of the main vessels. At the same time, there is every reason to believe that the proportion of cures can be very greatly increased by better methods of pressure and more care in applying them. The total result of the table is most gratifying, as proving how large a proportion of cases of popliteal aneurism are cured, in one way or other, in our hospitals. The whole number of cases of popliteal aneurism in the table was 212; the total number of deaths only 30—*i.e.*, 14.1 per cent.—many of them due to other diseases; and in only 4 cases was the treatment left incomplete; 12 recovered after amputation. All the rest (166) were cured with preservation of the limb.

Still, though the success is great, it cannot be denied that further improvement is possible and desirable; and this will probably be obtained by the further development and the more careful performance of compression.

The history of the compression-treatment was briefly sketched; and reference was made to the great percentage of cures which followed the Dublin method of partial and interrupted pressure, in which the circulation was never entirely commanded, and the pressure was altogether relaxed at intervals. These details are taken from Mr. Joliffe Tufnell's book published in 1851. Reference was made also to the results (as far as they could be ascertained) which have been since obtained in Dublin, which still appear to show a very much greater proportion of cures than has been reached elsewhere, though the method of partial interrupted pressure has now been in great part abandoned for the total interruption of pulsation in the sac, either permanently or temporarily. These data, however, have not as yet been completed; and perhaps it may be impossible to collect all the cases which have occurred since Mr. Joliffe Tufnell's book was published; but, as far as they go, they appear to show that in Dublin only about a quarter of the cases resist compres-

sion, and that of these the very great majority are cured either by ligature or amputation; death being quite exceptional, and caused in many cases by visceral disease. If this is so, it is a plain proof that the large proportion of failures of compression in London and elsewhere depends on some imperfection, or probably on want of care, in carrying out the details of the method.

The lecturer then spoke about the methods of compression, avowing his disbelief in Broca's theory of active and passive clots; since the constant success of digital pressure sufficiently proves that the passive and complete coagulation of the blood very commonly leads to definite cure; and that, when it does not do so, the clots exercise no irritating influence on the sac, but merely melt away again, and the aneurism returns to its former condition. The method of digital pressure was shown to be superior to any instrumental method, on account of its comparative freedom from pain, and the possibility of avoiding simultaneous pressure on the vein. Its drawbacks—viz., the labour and the number of assistants required—have not usually been found very serious even in private practice; and it can be carried out, if the assistants are well trained, with an amount of accuracy which is seldom attainable either with the weight or any form of instrument. But minute care should be given to see that no pulsation ever passes through the sac; and it is well not to begin till the circulation has been somewhat reduced by rest and light diet. Numerous instances were produced of the rapidity of cure in favorable cases, and of the ease with which the patient can in such cases undertake his own treatment. When there is any reason to apprehend disease of the femoral artery itself, it is especially desirable to make the pressure with the finger, rather than with an instrument. The assistance of a weight laid on the finger of the compressor spares his muscles and enables one person to carry on the compression for a much longer period.

There are cases, however, in which the pressure of a weight or of some from of tourniquet succeeds better. Of all forms of instrument, that invented by Dr. Carte seems the best.

The subject of popliteal aneurism was reserved for completion in the next lecture,—*Brit. Medical Journal.*

BARON VON LANGENBECK'S CLINIC, BERLIN.

Scene I., 1.45 p.m.—Large, shabby amphitheatre; seats broad, wooden stairs, uncomfortable enough to have been chosen for Patience's smiling place; students scrambling for the best places; air full of tobacco smoke and expletives.

Scene II., 2 p.m.—Sudden silence and respectful rising on the part of the students. Looking down in the cock-pit, we see in the midst of his attendant "practical physicians," a gray-haired, well-preserved, soldierly old man. It is Herr Prof. von Langenbeck, elegant in dress and address, and of manners most courtly—except when sorely tried; *e. g.*, he bows to the students, and selects from the list one who is expected to make a diagnosis and prescribe the treatment necessary for a little baby that has just been laid upon the operating table. Herr B. has, unluckily, not made a specialty of spina bifida. He utterly fails in diagnosis, and, when hard pressed for treatment, he suggests that a section be taken out of the spinal column, the baron's righteous indignation knows no bounds. Baby has a carbolized dressing applied, and poor B. flies incontinently to the upper back seats.

Case No II. is brought in upon a stretcher, and proves to be a young woman with a hideous protrusion of the left cheek. Examination reveals a tumor—probably malignant—in the antrum; hence excision is determined upon. A la Nussbaum, Langenbeck then proceeds to perform tracheotomy, making fast to the tracheal tube about three feet of rubber tubing. This communicates with a chloroform inhaler, which is placed outside the crowd about the table, thus giving the one administering the anæsthesia plenty of elbow-room. The patient's mouth is now plugged; Langenbeck makes a curved incision downward from the inner angle of the eye to the tip of the ear, and removes the superior maxilla at his leisure. The hæmorrhage, of course, is great, until checked by means of hot irons, under which the tissues siss and hiss like St. Lawrence on his gridiron, but the operation was *wunderschon.* What is left of the patient's face is sewed together, a flap is brought down from her forehead to fill a gap near the inner canthus and the girl is carried away, happily unconscions of all that has happened.

[N. B.—During the whole of this operation, as in almost all that we saw at Berlin, chloroform was given without stint and seemingly pushed to a dangerous extent. Nevertheless, this woman made a good recovery, was not greatly disfigured, and at last accounts was walking about the hospital wards.]

Case III. is necrosis of the ankle, requiring Syme's amputation of the foot. This is performed exactly as laid down in the books, except that the schlauch-tourniquet is used. This hose tourniquet, as you may know, consists essentially of two to three feet of small rubber hose—about an inch in diameter—and a long, strong, elastic bandage. The latter, beginning at the toes, was applied so closely that nearly all the blood was driven before it out of the limb. The bit of hose was then twisted around the leg—over the femoral artery—as tightly as two men could pull it, and secured by means of a hook and chain in its ends. On removing the bandage the limb was found pale and exsanguinous, and hence the operation was almost

literally bloodless. No doubt this was in part due to Langenbeck's skillful fingers, but we doubt if with any other tourniquet even the best of surgeons could have amputated a foot with so little hæmorrhage. Except a little cutaneous oozing, the cutting was as clean and easy as if it had been done upon smoked beef, and the amputation performed with a neatness and dispatch very unlike the previous operation. Then, of course, it would have been injudicious to wind a schlauch about the patient's throat, but in all operations upon the limbs the hose tourniquet has proved a valuable and efficient aid to the surgeon. But is there no drawback to its use? Yes, there is always somewhere a weakest spot, and here it consists in possible paralysis. We have no account of any bad effects following its use in amputations, but on looking over our notes, we find a case where paralysis seemed to result from its use in a tedious operation for anchylosis of the elbow. In lecturing upon this case Langenbeck alluded to another, in private practice, where persistent partial paralysis of the hand occurred after prolonged pressure of the rubber tube upon the brachial plexus. These were the only cases in which he had observed evil results, and with these two exceptions—both in the upper extremity—Herr Prof. von Langenbeck has always secured the most fortunate results, and esteems the schlauch tourniquet as one of the most valuable discoveries of modern surgery.—(*W P. Hatfield M. D. in the Chicago Med. Examiner.*)

TETANUS CURED BY AMPUTATION.

A boy entered the Ninety-ninth Street Reception Hospital, suffering from a lacerated wound of the foot, caused by injury received at the Harlem draw-bridge. The foot after a few days became inflamed and œdematous, and from the time of injury caused excessive pain.

On the twelfth day patient developed marked trismus, and on the next day gave evidence of opisthotonos, with severe pain in the back of neck.

The general muscular rigidity was so decided the following day, that in changing him to another bed, he was found to be as stiff as a board.

Hypodermic injections of morphia and atropia were administered, but with little benefit. Occasionally he would have a convulsion, and then chloroform inhalations relieved for the time. Five days after the development of tetanus, it was decided to amputate, though without any decided confidence of cure. Previous to this the wound had been treated with water-dressings.

Dr. M. B. Early removed the leg between the lower and middle thirds, using circular flaps. The day after the operation all trace of tetanus had disappeared, and in three weeks the patient was discharged. Following the operation there was a certain amount of necrosis at the end of the bone, and on this account he was kept under observation for several months, but no unfavorable symptoms developed.—*N. Y. Med, Journal.*

A NEW OPERATION FOR CLEFT PALATE.

In a recent number of *The Record*, we noticed a modification of an operation for fissure of the bony palate, performed by Sir William Ferguson (and described in *The Lancet*, vol. ii. p. 784), after the failure of the ordinary operation of Langenbeck. *The Lancet* of June 20, 1874, contains a description of still another improvement by the same surgeon. The operation, as before described, consists in paring the edges of the mucous membrane on each side of the cleft, and then, by means of a chisel, splitting the hard palate on each side, and forcing the two portions of bone thus obtained towards the middle line. The osseous fragments are then bound together in the middle line by two or three silk ligatures, each of which passes through the nasal cavity. The results of all the cases operated upon up to that date were reported at page 298 of the current volume. Although the operation has hitherto been remarkably successful, considering the severity of some of the cases in which it has been employed, it had one drawback. The two bony fragments were liable to become tilted. To obviate this, Sir William recently followed this course:—After paring the edges of the mucous membrane, he pierced the hard palate with an ordinary shoemaker's awl in two places on each side of the cleft, close to the margin, in such a manner that the holes on one side of the fissure were directly opposite those on the other side. A separate silk suture was then passed through each hole on one side, carried into the nasal cavity, and brought into the mouth again through the holes on the opposite side of the cleft. When the sutures were thus secured, the hard palate was divided on each side outside the apertures, by means of the chisel, in the manner described. The silk sutures were then drawn together, and the two fragments of bone brought into gentle apposition. Sir William remarks that since first performing this operation, he has found that it had been previously recommended by Dieffenbach.—*Med. Record.*

A NEW DIAGNOSTIC SIGN OF AMYLOID DEGENERATION.—Dr. Lionville, of Paris, has observed the presence, in the urine, of epithelial cells having undergone amyloid degeneration in the adult. He advises therefore in all cases where amyloid degeneration is suspected to exist—namely, those in which chronic diarrhæa with cachectic symptoms, and tumefacation of the spleen are observed—to search in the urine for this additional sign.

THE USE OF IODIDE OF POTASSIUM.

[On this subject, Prof. Seé says in the London *Medical Times and Gazette*:]—

The iodide of potassium has been prescribed to stop the vomiting of pregnant women, but for this it is not equal to alcohol nor to the bromide of potassium.

The iodide of potassium has a certain action on the kidneys; it may produce nephritis, destroy the tubuli uriniferi, and produce albumen in the urine; but all metals do this, so we cannot make a special complaint against iodide in this respect. This leads us to the study of the composition of the urine in individuals who take iodine, which will enable us to give the drug its proper place in the therapeutic *cadre*. If the effete matter of the organism, or the urea, be diminished during the use of iodine, it is because this latter is a substance that prevents the waste of the tissues (*medicament d'épargne*). Such was the conclusion arrived at by M. Rabuteau, who, in his experimeuts, found a diminution of urea; but it may be objected that these experiments are not absolutely rigorous. M. Rabuteau subjected himself to a certain diet for five days; he measured the quantity of urea which he excreted each day, and found twenty-eight grammes as the mean; on the fifth day he took iodine, and found no more than twenty-four grammes of urea in his urine. The experiment ought to have been more precise. M. Rabuteau ought not only to have weighed the ingesta, but he ought to have ascertained the quantity of nitrogen; he should then have measured the quantity of nitrogen eliminated by the different outlets. When the balance between the nitrogen absorbed and that eliminated is properly ascertained, it is only then that one can fairly estimate the results produced by a particular drug or any other substance. This is what was done by M. Beck in the case of a syphilitic patient; the results of this observation were negative, and the deduction was that iodine does not act on the composition and decomposition of the tissues. But M. Bouchard declares, on the contrary, that, according to his own personal experience, iodine increases the quantity of urea excreted daily, particularly in diabetics. The natural conclusion is that iodine is not a destructor of the economy. Professor Sée protests against the conclusions of M. Bouchard, and brings clinical proofs against the arguments of the latter gentleman. Diabetics, continued the Professor, do excrete more urea than a person in health. According to the learned Professor, it was not the iodine absorbed that manufactured the excess of urea; it found it in the economy, and it did no more than eliminate the urea, just in the same way that it draws away all that it meets with in its course. If in syphilitics it meets with mercury, the iodine favors its expulsion in forming an iodo-mercuro-albuminate; if, on the other hand, the mercury is combined with the blood, muscles, bones, or nervous tissue, the iodine, in regenerating all the vitiated molecules, expels the mercury indirectly by the formation of new elements. The following is a summary of the therapeutic applications of iodine:—

It is employed to eliminate all the poisons which may impregnate the economy—syphilis, mercury; it has also been employed as an eliminative in gilders' and lead poisoning, and in arsenicophage.

The mucous and serous membranes are modified by iodine, and it is given in asthma, albuminuria, ascites, pleurisy, etc. It is employed as a "dissolvant" in glandular swellings, and it produces excellent effects in goître; but it also exercises a certain influence on the breasts and testicles, which it atrophies. It is useful in a great number of chronic affections by dissolving certain products which it eliminates; thus it is employed in diabetes, scrofula, syphilis, etc.

In fine, iodine is a most useful drug, but it is a two-edged instrument, difficult to deal with. It is a local "atrophiant;" it has no ill effects on the general health; it is a "*revivificateur*," like oxygen.

HYDROPHOBIA WITH TWO YEARS AND A HALF INCUBATION.

Dr. Féreol, at the meeting of the Académie de Médecine of the 21st ult., read a very long memoir on a case of hydrophobia occurring in an individual bitten two years and a half before by a mad dog. He has since published it at length in the *Union Mèdicale*, but we may content ourselves with noting the chief points. The patient was a M. Durieux, a *pharmacien* by occupation, and forty-eight years of age. On June 18 he was admitted into the Maison de Santé with symptoms of commencing hydrophobia, which speedily became quite confirmed. Death occurred on the third day, and beyond some cerebral and spinal meningeal congestion nothing special was found at the autopsy, which was performed with the greatest care. The patient stated that he had been bitten in the hand two years and a half ago by a mad dog, and subsequent inquiries have confirmed his statement.

M. Féreol, convinced that his patient died of true hydrophobia, reviews at great length the various affections with which this may be confounded. Treating of "nervous hydrophobia," he refers to a remarkable case which fell under M. Demarquay's notice. A student at the Hôtel-Dieu having been greatly affected by the suffering which he had witnessed in a patient suffering by hydrophobia, had the misfortune as he was leaving the hospital to be himself bitten by a dog. He returned in a state of desperate alarm, and had the wound thoroughly cauterised, declaring that within six weeks he should return to die in the state of horrible suffering which

he had just witnessed; and accordingly at the period indicated he did return with all the symptoms of hydryphobia developed. As he was still alive at the end of the forty-eight hours, when the patient whom he had seen had expired, M. Demarquay joked him, declaring that, as he had passed that period, he had not the disease, and had nothing to fear. These words inspired the youth with hope, his symptoms abated, and he recovered. That the present patient was suffering in some analogous manner is rendered highly probable by a statement made by Baron Larrey at the next meeting of the Academy. During the siege of Paris, he observed this M. Durieux (who, besides being a *pharmacien*, had a medical diploma) became well known to him as an applicant for employment on the ambulances. From the first he remarked his zeal and ardour, as well as his excited state and language. He seemed to seek to brave all perils in order to distinguish himself; and his excessive anxiety to obtain the Cross, and his tumultuous joy on succeeding, made a great impression on M. Larrey. "I lost sight of him afterwards," he observes, "always remembering him, however, as one of the most restless, the most agitated, and the most excitable beings with whom I had ever come into contact. Did he not then present a moral predisposition to the manifestation of the neurosis which ended in a fatal hydrophobia? For my part, I should be disposed to regard his case, not as an example of rabies with an incubation of two years and a half, but as one of cerebral hydrophobia, or symptomatic of acute delirium provoked or aggravated by the coincidence of a dog presumed to be mad."

While on the subject of hydrophobia, we may advert to a case related recently to the Paris Hospital Medical Society by Dr. Bucquoy, Physician to the Cochin Hospital, in which intravenous injection of chloral was tried. He approves of the condemnation which has been so generally expressed of Prof. Oré's proposal to substitute this practice for the administration of chloroform in surgical operations, but he believes that few will accuse him of temerity in resorting to this mode of treating a disease so invariably fatal as hydrophobia. And although the remedy has proved as useless as all others, the case is worth notice as confirming Prof. Oré's statement that large quantities of chloral may be injected with impunity. On the 31st of May, a robust and healthy man, who had been bitten in the hand six weeks before was brought to the hospital. The symptoms, which had commenced two days before, were fully developed, and the pulse was 120. A solution of chloral (1 to 5) was thrown into the median-cephalic and radial veins by means of an Anel's syringe—this, which held five grammes, being replenished thirteen times; so that thirteen grammes of chloral were injected in the space of an hour and a half. At about the tenth syringe the stage of excitement appeared, just as under the use of chloroform; and after the thirteenth, the patient fell into a deep sleep. He slept for about two hours; and some time after he awoke, and while still somewhat under the influence of the chloral, he was able to drink small quantities of water twice. He passed the night calmly, and was able every now and then to drink, especially when a caoutchouc tube was employed. On the 1st of June he was very calm and contented, but on trying to drink the same frightful spasms seized him as at first. These afterwards continuing without exciting cause, and being accompanied by constant restlessness, chloral was again injected by the saphena vein, twenty grammes being employed before sleep was induced. This was very sound; but, after it had lasted two hours, the patient was seized with a tetanic spasm of the muscles of the thorax, and soon afterwards died. Nothing remarkable was observed at the autopsy; but it was ascertained that in no point of the venous system, which was very carefully examined, was there trace of inflammation, nor were there any coagula in any of the veins into which chloral had been injected.

It is in relation to the intravenous injections that the case is interesting, large quantities of chloral having been thrown in with innocuity. This probably arose from the precautions observed in doing this—viz., the employment of a weak solution (1 to 5), the avoiding any denudation of the vein, and the injection of small quantities (five grammes of the solution) at a time, and that very slowly.—*Medical Times and Gazette.*

ENGLISH MEDICINE, MEDICAL BOOKS, JOURNALS, &c.

London Correspondence in the *Clinic*, August 1st, 1874.

Whatever may be said of the work done by the physicians of other nationalities, it must be admitted, I think, that the place filled by the contributions of English medicine is one of the largest and most important. Billroth, a typical German, and, as everybody knows, one of the foremost medical men of our time, pays a just tribute to English physicians when he declares in his introduction to his Surgical Pathology that the most important contributions to our science have been made in England. The conservatism, the cautious habit of the English mind, and, I may add, its honesty, have, it is true, apparently hindered the development of English medicine, but have certainly established on a firmer basis all the improvements in our science and art coming from English sources.

The English medical authors, as I have intimated in previous letters, are chiefly the younger men, who alone have the time to undertake original investigations or to engage in the labor of literary composition. The book, whether intended to represent

practical or scientific medicine, whether a compilation of existing knowledge on the subject treated of, or intended to put forth the results of experimental research, is usually a venture made by the author himself with the object of improving his position in the profession and of introducing him into practice. There are but few London medical men who devote themselves exclusively to scientific medicine, and the most of the really satisfactory work in this direction is accomplished under great disadvantages by those who are struggling into practice.

Most of the English medical works are pecuniary ventures of their authors, and no risks are assumed by the publishers. I was informed by Dr. Beale that he personally superintended every stage in the publication of his works, selecting paper and type and witnessing the making and printing of the illustrations. The sale of the book, if successful, reimburses the author for his expenditure, but the chief recompense comes from the increased business which the book brings. Not unfrequently a book on some special disease or group of diseases is put forth merely as an advertisment. One may see in the secular press, especially in the *Times*, advertisments of these works with commendatory notices annexed. This mode of bringing themselves before the public, employed, too, by reputable men, has, however, been recently sharply rebuked by the medical journals, and has been officially inquired into and condemned by some of the societies.

Whilst it is true that the physicians of the United States have been so largely dependent on English sources for their supplies of medical information, it is now quite apparent that a small but increasing current of medical literature is setting in from the United States to England.

The medical journals of London are very powerful and influential. The number of weeklies is a clear indication of the intellectual activity of the medical profession. There are three great weeklies —the *Lancet*, *British Medical Journal* and the *Medical Times and Gazette*—all representatives of British medical opinion, but preserving individual peculiarites and appealing to different influences in the profession for support; the *Lancet* has the largest circulation, especially amongst lay readers, and is to be found in all of the club houses, public libraries and in many private houses. The old animosities which were excited by the *Lancet* at its foundation and for a few years subsequently, have entirely disappeared. The paper is owned by the Wakleys, the two sons of its founder. With success it has become conservative, but is still independent. It is edited, not by the 'Wakleys, the owners, but by young men, able sprightly and rising writers, employed by them for this work. As a consequence of this system, the editors are frequently changed but the policy of the paper remains the same. The *Lancet* has become quite a valuable property and nets, it is said, five thousand pounds per annum.

The *British Medical Journal* is the organ of the British Medical Association, and has the support of that powerful body. This journal has probably the largest circulation in the profession. It is very ably edited by Mr. Ernest Hart. Besides conducting the *British Medical*, Mr. Hart edits two other weekly journals, *The Medical Record* and *The Sanitary Record*; the first named being made up chiefly of abstracts of important papers published in foreign journals, and the last named being devoted to subjects in sanitary science. It would be quite impossible for one man to perform this enormous labor unless he possessed the facility of Mr. Hart in this kind of work, and relinquished all other engagements except editorial as Mr. Hart does.

The *Medical Times and Gazette* has a much smaller circulation than the other great weeklies, but it is a journal of very lofty tone and represents the more conservative elements in English medical politics. It has been a long time edited by Dr. Druitt, the well-known author of the text book on surgery. Ill-health lately compelled Dr. Druitt to seek relief in the climate of Madras, and during his absence the journal has been extremely well conducted by Dr. Cholmoley. I have heard that Dr. Druitt has recently returned, much improved in health, and that he will again undertake the editorial management of the journal.

There is another very lively little monthly journal published in London entitled *The Doctor*. It is owned and edited by Chapman, the spinal ice-bag man. It is very independent, rather saucy, and represents the opinions of a few *guerillas*, who are at war against the existing medical status. Chapman is also owner and editor of the *Westminster Review*, a quarterly journal which represents whatever is most radical in English politics, morals and religion. Beside the editorial charge of the periodicals, Chapman is a general practitioner, using his spinal ice-bags, chiefly, I believe, in the treatment of disease.

Beside the weeklies, there are two quarterly medical periodicals, *The British and Foreign Medico-Chirurgical Review* and *The Journal of Mental Science*, and a monthly, *The Practitioner*, edited by Dr. Anstie. The patronage extended to so many journals published in one city, certainly justifies the remark that it indicates a high degree of intellectual activity. The elevated tone of these journals, their keen regard for the interests of the medical profession, and their hearty condenmation of whatever is low and unworthy in the conduct of medical men, demonstrate their fitness for the important position which they assume as representatives of English medicine.—*Chicago Med. Journal.*

According to the statements of the London *Lancet*, Sir Henry Thompson must be already *en route* for this country.

LATEST MODIFICATION OF THE COD-LIVER OIL EMULSION.

Those who like cod-oil in emulsion may be glad of a few hints given in the *Archives of Electrology and Neutrology*, which informs us that the last report of the Utica Asylum contains a formula for an emulsion that has long been in use in that institution, and to which attention was first called by Dr. Andrews. The writer says he has experimented considerably with various modifications of the original prescription. The latest formula, and one that suits better than any other, is the following :—

℞—Cod-liver oil, ℥iv.;
Glyconin, ℥ix.

Glyconin is made by thoroughly triturating glycerine and yoke of egg, equal parts. Add to the glyconin thirty drops of the essential oil of bitter almonds ; then add the oil to the glyconin *very slowly*, drop by drop, stirring vigorously all the time. The success of the emulsion depends on the thoroughness with which this task is performed.

Then add—

Jamacia rum, ℥ij.;
Dilute phosphoric acid, ℥ss to ℥i.

The average dose is one tablespoonful after meals, being regulated mainly by the phosphoric acid.

"The above combination is a most excellent brain and nerve food. If properly prepared, it does not separate, keeps for a long time, and is rather agreeable to the taste. If need be, pyrophosphate of iron can be added, or strychnine, or Fowler's solution. We have used it especially in hysteria and allied affections, and in organic diseases of the nervous system it is also valuable. Consumptives take it in preference to cod-liver oil. As cod-liver oil has a somewhat unpalatable name it is sometimes better, in prescribing for nervous patients, to call this the phosphoric emulsion. The fishy odour cannot be entirely neutralised; but for those who are not familiar with cod-liver oil, neither the odour nor taste of this emulsion, when well made, suggest the presence of the oil."—*The Doctor*.

Medical Items and News.

One of the religious sect known as "The Peculiar People," who object to calling in a physician on account of its showing a lack of faith in God, was recently held in England for trial on the charge of manslaughter. His child died of pleuritis and pericarditis without professional attendance.

The Council of the British Medical Association has decided in favor of a grant of £200 to be spent in original researches.

THE LIVER IN JAUNDICE.—DR. WICKHAM LEGG has recently described the changes in the liver which follow an obstruction to the flow of bile into the duodenum (Pamphlet, Lewis, 1874). He has investigated the subject both by examining the liver of patients dying under these circumstances, and by experimental researches upon the lower animals. When the bile-ducts are obstructed, the passages behind are affected—they become dilated both without and within the liver, cysts may be formed, and even abscesses developed, the exact pathology of which is still unsettled. Dr. Legg doubts whether the epithelium of the dilated ducts always disappears, as generally described. In regard to the colourless fluid which is sometimes found in a greatly distended gall-bladder, when the common bile-duct is obstructed—the author states that he could not detect in it the presence either of bile-pigments or of bile-acids, by chemical examination of two different specimens. The changes of the parenchyma of the liver in obstruction have hitherto been but little studied. The connective tissue grows in all cases of protracted obstruction, and Dr. Legg makes an important observation, that the starting-point of this over-growth is the place of obstruction itself, and that the degree of the over-growth depends upon the kind of obstruction. He has demonstrated this by experimental ligature of the bile-ducts in animals ; and the appearances in patients dying from obstruction of various kinds seem to point in the same direction. The liver-cells themselves do not become fatty as some pathologists have represented, but atrophy and disappear. As to the effect of obstruction of the bile-ducts on the other functions of the liver, Dr. Legg has made several valuable observations bearing upon this question, and found that in cats the glycogen disappears from the liver within a few days after the bile-ducts have been tied; and that on the fifth or sixth day irritation of the fourth ventricle is not followed by the appearance of sugar in the urine.—*Med. Times & Gazette.*

ECZEMA CAPITIS.—Cure it if possible, notwithstanding the somewhat prevalent idea to the contrary. The method of procedure recommended is as follows :—First, apply a poultice every night until all the scabs are removed. The ulcerations, which are sometimes present after the scabs have been removed, are best cured by the application of a wash made of nitrate of silver grs. v. to the ℥i. of water. The following is then used with good success :

℞—Aquæ Cologne ..... ℥iv.
Glycerine ..... ℥ij.
Carbolic acid crystals ..... ℥i.
Borax ..... ℥i.—M.

Continue the application of this remedy for some time for the purpose of curing the eczema.—*Med. Record*, December, 1873.

FOREIGN BODY IN THE MALE URETHRA; INGENIOUS EXTRACTION.—In the tenth number of the *Bulletin de Therapeutique* (1873), Messrs, Andant and Lonstalot mention the case of a gentleman suffering from stricture, who was in the habit of passing an elastic catheter for himself. One day, through absence of mind or some other cause, he passed the instrument (No. 7) commencing by the end to which the bone end is attached instead of the proper end supplied with the eye. After reaching the perineal region, he attempted to withdraw the catheter, but the latter returned without the ring, which had become detached and remained in the urethra. Dr. Andant was sent for and requested by the patient to push the ring into the bladder, as pain and a wish to pass water had supervened. At a consultation with Dr. Lonstalot it was resolved to use the following contrivance: A No. 7 catheter was obtained at a chemist's, and the bone ring being taken to a smith, an iron rod of the same diameter as No. 7 was chosen, one end of which was turned so as to act as a screw, fitting the grooves of the bone ring. The instrument was put into the hands of the patient, because, by long practice, he had learned the peculiarities of his urethra. Dr. Andant had, however, previously introduced a silver catheter with great caution, and ascertained the presence of the bone ring in the urethra. The patient was directed, when reaching the ring, to roll the free end of the rod in his fingers, so as to introduce the male screw into the ring. This was very cautiously and cleverly done, and when it was supposed that the rod was sufficiently fixed, it was slowly withdrawn, and the ring was brought to light, to the great satisfaction of both the patient and the surgeons.—*Lancet*, May 23, 1874.

APPLICATION FOR BURNS.—M. Lebigot recommends the following mixture as having been very successful:—Cape aloes, four ounces; water, ten ounces; alcohol, (90°) three ounces. The ingredients are to be melted together in a china plate over a slow fire, allowed to cool, and then filtered; after which three more ounces of alcohol are to be added. It is then ready for use A tablespoonful of the mixture mixed with a teaspoonful of acetate of lead and twenty tablespoonfuls of water constitutes an excellent remedy. It is to be applied morning and evening on the burnt parts.—*Lancet.*

ENEMATA OF BROMIDE OF POTASSIUM IN OBSTINATE VOMITING. — Dr. Girabetti has obtained the very best results from the administration of enemata of bromide of potassium, in doses of from one-half to two drachms, in cases of obstinate vomiting attending the pregnant state. The same drug, also administered in enemata, has been very successful in the hands of Dr. Laborde, of Paris, in obstinate vomiting, connected with disease of the stomach, liver, and intestines.

SORE NIPPLES.—Prof. Fordyce Barker, in the *N. Y. Med. Record*, recommends in sore nipples, to apply a solution of nitrate of lead (ten grains to the ounce of glycerine), and paint the parts over every time after the child nurses. The nipple is to be washed clean before the child is applied. He says the nitrate of lead is a most complete and perfect prophylactic against the occurrence of sore nipples. The strength of the solution may be increased to fifteen or twenty grains when deemed necessary. When the cuticle is denuded and we have a raw surface, or when it is so irritated that there is danger of abrasion, he recommends painting the parts with the *compound tincture of benzoin*, instead of collodion. Wipe the nipple dry after the child has nursed, and with a camel's-hair brush apply three or four coats of the tincture, each previous coat being allowed to dry. The first application causes a little smarting, that soon subsides. These several coats form an excellent artificial cuticle, and at the same time permit the flow of milk without obstruction. When the fissure is at the base of the nipple, he advises the edges to be touched with the fine point of a stick of nitrate of silver, and the comp. tinct. benz. applied. The best artificial shield to the mother's nipple when the nursing of the infant causes pain, he says is the cow's teat.—*Archives of Amer. Med. and Surg.*, March, 1874.

SUCCESSFUL LIGATURE OF THE INTERNAL CAROTID ARTERY.—Dr. H. B. SANDS, Surgeon to the Bellevue Hospital, New York, records a case of successful ligature of the internal carotid artery for secondary hæmorrhage, the vessel being secured above and below the bleeding point in its wall.(a) The hæmorrhage occurred ten days after the removal of a scirrhous tumour from the neighbourhood of the left angle of the jaw, with disarticulation of the corresponding ramus, in a man of fifty-three. Fortunately the bleeding was immediately arrested by skilful compression; whereupon Dr. Sands proceeded to apply a ligature to the internal carotid above and below the lesion in the vessel-wall. This was afterwards discovered to be a small circular clean-cut alteration an inch above the upper border of the thyroid cartilage. The subsequent progress of the case was eminently satisfactory. This case is perhaps unique in the history of hæmorrhage from the internal carotid.—*Med. Times & Gazette.*

TULLEY'S POWDER.—This powder is sometimes prescribed by physicians, and is considerably used in Eastern cities.

℞—Sulphate morphine ..... 1 part.
Camphor powd .....28 parts.
Precipitated chalk .....21 parts.
Liquorice-root powd .....10 parts.

Mix, and pass through a fine sieve.

A WATERLOO BULLET.—The following particulars regarding the bullet extracted from the Waterloo veteran residing at Wadhurst, Sussex, may be of interest. Cases in which bullets have long remained buried in the tissues, with little or no practical inconvenience, are not uncommon, and Dr. Henry Harland, who extracted the one in question, did not attach any professional importance to the circumstance, apart from the time it had remained and the historical reminiscences and interest connected with it. The name of the Waterloo veteran is James Jenner, who has reached the good old age of eighty-three. He was in the 44th Regiment, and in the thick of the action near Quatre Bras, when he was struck in the hand by a French bullet, which, having passed through the fleshy part of the ball of the thumb, became imbedded in the palm of the hand where it remained for upwards of fifty-nine years. The contraction and thickening of the palm made it difficult for him to hold his agricultural implements, and about three months ago, whilst working as a gardener on some hard ground, the hand inflamed, and an abscess formed, from which the ball was removed, which weighed exactly six drachms and five grains. It had retained its original shape, and was slightly flattened at one part where it had struck against the barrel of his musket. The wound is rapidly healing, and the old soldier has seen so many important events manufactured into history in his time, that we may hope he will be spared to witness the beginning of another chapter.

CHLORAL AS AN ANÆSTHETIC DURING LABOR (*The Lancet*, February 21, 1874).—Dr. W. Playfair has found that chloral has the immense advantage over chloroform, when administered during labor, of not lengthening the strength or intensity of the pains, while at the same time markedly diminishing the suffering resulting from them. It is chiefly applicable at a period when we would not think of administering chloroform,—towards the termination of the first stage of labor, before the complete dilatation of the os and when the sharp grinding pains perhaps produce more suffering and are less easily borne than the more forcing pains of a later stage. He gave the drug at first in fifteen-grain doses, and then in smaller quantity, increasing the intervals between its administration, and thus usually keeps up a full and sufficient effect for hours. It need not at all interfere with the exhibition of chloroform.—*Medical Times, Phila.*

LACTATION LATE IN LIFE (*Atlanta Med. and Surg. Journal*, July, 1874).—Dr. T. S. Hopkins reports two cases of the return of the functions of the mammary glands after a cessation of 17 and 18 years. Both women suckled their grand-children, one of them being over 60 years of age at the time.

MAMMARY ABSCESS IN INFANTS.—Dr. Barnes writes: The cases reported by Dr. Stephen and Dr. Platt Wilks of mammary abscess in infants, may probably be explained by observations which I made many years ago, when house-surgeon to a lying-in-hospital. I then saw several cases of phlegmon and abscess of the breast in infants. I found that they were the consequence of manipulations practised by a nurse, who labored under the delusion that the breasts of new-born babes wanted milking. This "vulgar error" is not, I believe, applied to female babes only. It is considered quite as necessary to milk the boys. This practice is done in secret. The doctor, of course, is prejudiced against it. But when inflammation or abscess arise, he may suspect the agency that has been at work. The mammary glands, which are nothing else but sebaceous glands in a peculiar state of development, may, in children as in men, yield, on squeezing, some sebaceous matter resembling milk. And this is the basis of the vulgar error that the breasts in babes want milking.

LARVÆ OF FLY IN THE EAR.—I have just met with a case in my practice which, so far as I am aware, is of rare occurrence. J. R., a farm-bailiff, came to me on July 27th, suffering from intense pain on the right side of the head, which, he stated, had come on suddenly the previous afternoon. The external ear was red and irritated, and blood was oozing from the external meatus. Upon examining with the speculum, I found the meatus occupied by a moving mass of larvæ, which I carefully removed by forceps. There were twelve of these in all; and the largest was two-fifths of an inch in length, having all the charncters of the larvæ of the blue-bottle fly. After removing them all and syringing the ear, I found that, besides destroying the surface of the exteroal meatus, they had penetrated the membrana tympani. The pain abated soon after the removal of the larvæ, but the patient still remains very deaf. He can give no account of how or where the parent fly deposited the eggs in his ear.—*C. Moss Campbell, M.D., in Brit. Med. Jour.*

TREATMENT OF ZONA BY COLLODION AND MORPHIA.—Dr. Bourdon, Hôpital la Charité, after having tried a great many local means for treating the above disease, and checking the intense pain, has definitively adopted the following plan:—Without opening the vesicles he paints all the diseased surface with a combination of collodion and morphia—collodion one ounce, morphia eight grains. The mixture must be put on pretty thickly. The pain ceases from the second day, and at the end of seven or eight days, when the layer of collodion is removed, all the vesicles have disappeared, and there remains only a slight local redness.

REMOVAL OF A TUMOR FROM THE BLADDER.—Professor Billroth has recently performed another singular and daring operation, which is described by a correspondent to the *Irish Hosp. Gaz.* of July 15, viz., the removal of a tumor from the urinary bladder of a boy twelve years of age. Until ten months before the operation the boy had been very healthy, but began then to complain of pain in passing urine. The pain was not very severe, and was located in the glans penis and the region of the bladder. The urine soon became cloudy, and the desire to void it came so suddenly that the boy would not have time to reach the urinal. The case was supposed to be one of calculus, and was sent to Billroth for an operation. No calculus could be detected; but on examination made after the bowels had been thoroughly emptied, a tumor in the region of the bladder could be distinctly felt through the abdominal walls. It could also be felt by examination per rectum, and was slightly painful on pressure. Its consistence was very much like that of a fibroma, and it seemed to spring from the bladder. Further examination showed that the walls of the bladder were greatly hypertrophied; the sound, however, came in contact with no hard body within the viscera. When the fever following the last examination had abated, the following operation was made. Lateral lithotomy was first performed, with the intention, if the tumor proved to be adherent to the bladder, to make the high operation and remove the growth. When the finger was passed into the bladder through the opening in the perinæum, a tumor the size of an apple was felt to be growing from the posterior wall, but its pedicle could not be found. The high operation, over the symphysis pubis, was at once performed, some difficulty being experienced in making an opening into the bladder, owing to the danger of opening the peritoneum, in consequence of the contracted state of the organ. The tumor grew with a short and tolerably broad pedicle from the posterior wall of the bladder, and very high up. Notwithstanding an enlargement which was made of the upper wound, the opening still proved too small for the pnssage of the tumor, and an effort was made to break up the latter with the fingers. At first only small portions of the rather soft tumor were detached, but finally the whole of it was torn from its pedicle, and by compressing its centre it was extracted through the upper wound. The portion of the bladder to which the pedicle was attached was then drawn through the aperture; the pedicle was dissected off, to do which effectually required so deep a dissection as to imperil again the continuity of the peritoneum. Two small artesies were recurved, and the ligatures carried out through the perineal wound. After the operation the patient continued relatively well, having but slight fever. The wounds, at the time of writing. looked remarkably well, notwithstanding their contusion during the operation. Microscopic examination showed the tumor to be a pure myoma.—*N. Y. Med. Record.*

SIR WM. GULL, OF LONDON.—That Sir Wm. Gull does not owe his success in life to adventitious aids is evident enough. He was the son of a poor farmer—a laborer who tilled a small plot of ground, the property of Guy's Hospital. He attracted the attention of the Treasurer of the Hospital as a bright lad, and was given a place as bottle-washer in the drug-room of the hospital. He was given the opportunity also to have some instruction, entered as student, graduated with honor, became house-physician, and lastly consulting physician, his present place. These facts are well known, yet he is created Baronet, and welcomed into their ranks by the most exclusive aristocracy on the globe. He is no common man, whatever may be said of him, who can carve out such a career for himself, and from a charity lad become the foremost physician of the greatest city of our modern civilization. Gull is said to be so closely occupied that patients have to make engagements days in advance of the time."—London correspondent of *The Clinic.*

BELL ON ASPIRATION IN RETENTION OF URINE.—Dr. Joseph Bell relates an instructive case (*Edinburgh Medical Journal*, April, 1874), and adds: Cases admitting or requiring this treatment, will not likely be very frequent—indeed I have not met with another out of a very large number of stricture cases seen since June; still in this one, any other treatment would have been very dangerous. Perineal section is always tedious, requiring chloroform, which the weak heart and emphysematous lungs and diseased kidneys would have borne ill; besides perineal section has its own dangers in old exhausted subjects. Tapping by rectum would have been difficult, from the enlarged prostrate. Catheterization has failed. The operation was painless and left no trace. I have a very strong feeling that, in similar cases, the aspirator gives us an easy, safe and reliable means of ttding over a difficulty, emptying the bladder, and thus giving time for other treatment. It is possible, if necessary, to repeat the aspiration frequently in the same region, but not exactly in the same situation. The special merit of the aspirator here is, that it enables us, by the suction power it possesses, to withdraw the urine through a tube little larger than an acupressure needle, the wound inflicted by which heals up at once and leaves no trace.—*Med. Examiner.*

FRECKLES.—It is said that powdered nitre moistened with water, applied to the face night and morning, will soon remove freckles.—*Practitioner and Druggist*, May, 1874.

HYDRASTIN IN GONORRHŒA.—As there are a great many varieties of treatment in gonorrhœa, I beg to offer a few remarks respecting its mode of treatment &c. As far as internal treatment is concerned, I merely give in the first stage a saline aperient, to be continued three times daily for four or five days, together with the following injection; —Hydrastin, one drachm; solution of morphia (Magendie's), two drachms; acacia mucilage to four ounces: to be used three times daily. This I have employed when inflamation ran very high, without even the slightest ill-effects, and have used it in every stage of gonorrhœa with the most beneficial results when every other treatment, both internally and locally, had failed, including red scandal oil. But there is one remark I wish to make regarding the use of injections which medical men generally forget, and that is, to tell their patients to micturate previous to its use. Unless this is done, injections in gonorrhœa are useless. Hydrastin is used very much in different parts of the United States, and very successfully. My last patient was a farmer, who has had a gleety discharge for seven months. His medical man had quite wearied him out with injections &c., all to no purpose. I at once tried the hydrastin, and in two weeks he was quite well.—*J. N. Bredin, L. R.C.S.I., in Lancet.*

MODE OF DISCOVERING WHETHER RED WINES ARE ARTIFICIALLY COLORED OR NOT.—M. de Cherville, in one of his clever agricultural articles in *Le Temps*, gives the following useful hints for deciding the above:—"Pour into a glass a small quantity of the liquid which you wish to test, and dissolve a bit of potash in it. If no sediment forms, and if the wine assumes a greenish hue, it has not been artificially colored; if a violet sediment forms, the wine has been colored by elder or mulberries; if the sediment is red, it has been colored with beet-root or Pernambuco wood; if violet-red, with log-wood; if yellow, with phytolac berries; if violet-blue, with privet berries, and if pale violet, with sunflower."

A patient consulted Dr. Pearson and received a prescription. He gave the doctor half a guinea. "A guinea is my fee," quoth Pearson. The patient seemed inclined to let matters stand as they were. "Oh," said Pearson, "I have made an omission; allow me to look at the prescription again." The patient gave it to him; and he taking pen, ink, and paper began to write another. "It is a half guinea prescription you want, I see. I'll give you one of that sort directly." We need not say that the additional half guinea was forthcoming in a twinkling.—*Pettigrew's Biography.*

Always employ a saturated infusion of coffee in opium poisoning. It is always at hand, and can be used while other remedies are being prepared.

"DIRECTIONS FOR THE EXAMINATION OF URINE."—Prof. Austin Flint, jr., of this city, has recently published an excellent little pamphlet entitled "Directions for the Examination of Urine of Applicants for Life-Insurance." Although the book was written expressly for those who made examinations for life-insurance companies it is one that very many practitioners will be glad to keep upon their office table. It contains in a nutshell all that is essential to a proper knowledge of these chemical manipulations.

While we can hardly agree with those who advocate the practice of examining the urine of every applicant for life-insurance, we certainly think that the companies would avoid not a few bad risks were they to insist upon such an examination in the case of all applicants who have reached their fiftieth, or perhaps even their forty-fifth year.

If we are correctly informed, it has been for some time past the custom with one of the New England life insurance companies to require an examination of the urine in quite a large proportion of the applicants for policies. It would be very interesting to know how successful they have been in carrying out the plan, and what have been the real difficulties in the way of its accomplishment. —*Medical Record, N. Y.*

The printed form of the regulations of the London College of Physicians now contains a notice "that every candidate for the College licence who shall commence his professional study on or after the first day of October, 1874, will be required to pass the professional examinations conducted by the Conjoint Examing Board."

RESTORATIVE TREATMENT OF DELIRIUM TREMENS.

The principles, then, which I would advocate for the treatment of delirium tremens I will arrange in degree of importance in the following order:— 1. The elimination of the poison from the system. 2. The restoration of exhausted nerve-power, by the administration of nourishment, and that of a kind most easily and rapidly assimilated. 3. The induction of sleep.

I will now endeavour to point out the method by which the application of the above principles may be best and quickest fulfilled. And I think that the fewer medicines we employ, the better it will be for our patients; whilst in water, especially in the form of a bath, in milk and eggs, we have doubtless both powerful and invaluable remedies.

To fulfil the first indication—the elimination of the poison from the system—we must have recourse to those remedies which, whilst they promote the eliminating power of the skin, lungs, bowels, and kidneys, are not too depressant. Thus the skin

may be well acted upon by a tepid or even by a cold bath, according to the strength of the patient, the precise nature of the case under observation, and the season of the year, followed by friction and rubbing with a coarse towel, the good effect of which can hardly be overrated; for whilst the skin is thereby relieved of alcoholic perspiration and other effete matter from the blood, the sentient extremities of the nerves are roused to more vigorous action, and respiration is rendered temporarily more active. A tumbler of cold water given on entering the bath materially increases its efficacy. Of the medicinal remedies best calculated to promote the moderate action of the organs named, none are perhaps better than the compound jalap-powder in conjunction with nitric spirit of ether; and I have usually found one, or at most two doses of two drachms of the former and half a drachm of the latter effectually to relieve both the bowels and kidneys.

The second indication of treatment—the restoration of nerve-power—will be found best and most readily accomplished by the administration of warm milk, either alone or with eggs beaten up in it, for, containing as it does every element of nutrition most easily assimilated, it is singularly calculated to take a quarter or half a pint of warm milk, either alone or with the yelk of an egg beaten up in it, we need scarcely any longer be apprehensive as to the issue of the case, and we can then give a mutton chop or other solid food, which will be another great point gained. It is, however, most important that the milk be taken warm, in order to ensure its rapid and easy digestion. If there is stomach irritability, it must of course be met in the usual way; and if obstinate (though I have not had occasion to try it), I should anticipate the best results from a bladder of ice to the epigastrium, as calculated to restore tone to the nervous system through the especial medium of the solar plexus and the other sympathetic ganglia.

As regards the third principle of treatment—the induction of sleep: having in some measure fulfilled the two former—namely, the eradication of the poison from the system, and the partial restoration of nerve-force by the assimilation of nourishment, —we have doubtless gained a great point in this direction; and, desirable as sleep may be, still I do not advocate the use of many medicines with that object, and I think that in chloral hydrate we have nearly all we want. Indeed, I have so often found that the sleep induced by medicines, especially any form of sedative narcotic, has not been followed by any permanent subsidence of delirium or other urgent symptom; and, from the very transient good effects of sleep thus artificially induced, I am disposed to think that too much stress has been laid upon its importance, and that the value of nourishment in the treatment of delirium tremens has been overlooked.

I shall not here occupy space by the report of cases in support of the above belief, though almost the last case under treatment very forcibly confirmed it; for though several hours of good sound sleep had followed the administration of half a drachm of chloral hydrate, the patient's condition was alarmingly prostrate until egg and milk had been assimilated. Hence I am persuaded that, having once secured the digestion and assimilation of food, we may be less anxious about sleep, and rest satisfied by placing our patient under conditions favourable for it; whilst chloral, judiciously administered, either alone or in milk or some other form of liquid nourishment, is almost the only medicinal hypnotic that I would advocate.

Having thus endeavoured to indicate what appears to me to be a rational method for the treatment of delirium tremens, on the principles set forth in the order named, I feel that these require a liberal interpretation; for doubtless the greatest success in the treatment of this affection, as of most others, will follow the ready appreciation of the most urgent symptoms in this or that particular case. Hence it may be sometimes necessary to disregard the first principle, and at once to direct our efforts to the attainment of the second, by the administration of nourishment; and even to anticipate the third, by placing the patient under conditions favourable to sleep. In like manner, much can be done by judicious general management—by humouring the whims and fancies of a patient, when not of a dangerous character or tendency, and so long as he is carefully watched. Instead of confining a sufferer to the recumbent posture in bed, he may be allowed to be up, to walk about, and to engage in conversation and harmless amusement, whilst the process of digestion and assimilation is going on, or until sleep comes naturally.—Dr. Longurst in "*The Lancet*," August 1st.

Toronto Hospital Reports.

PERITONITIS.

No. 1. Joseph Kinville, æt. 21 years, raftsman, French Canadian. Patient was admitted August 7th. He had complained for about 8 or 10 days before admission of a pain somewhat resembling colic, but had no diarrhœa. He was then compelled to cease working, and received medical treatment. He had taken to his bed several days before admission. He presents a most haggard and dejected appearance; the eyes were sunken, and the whole of his body covered with perspiration. The pulse 130, feeble and compressible. The tongue is dried and furred, and the abdomen distended. Excessive tenderness is produced from

the slightest pressure; and tympanitic resonance on percussion. The most marked symptom is a continuous pain in the region of the umbilicus, and extending from thence over the whole abdomen. It is of a most excruciating character, and causes the patient to shout out in the agony. He lies on his side with the knees drawn up, and cannot move on his back without greatly increasing the pain. He is ordered to bed immediately, turpentine stupes to be applied to the abdomen, and liq. opii. sedat. (25 M. doses) to be given every two hours until the pain is relieved.

Sunday morning, Aug. 9th.—Patient has remained in a somewhat similar condition to that above described.

The bowels have moved twice since he came in, the passages being of a dark colour, and very offensive odour. During Friday night the pain was slightly relieved, but continued to increase in severity during Saturday night until this morning. The abdomen is more distended and the breathing more hurried. Any effort at deep respiration causes the patient increased agony.

Sunday evening.—Patient has been sinking during the day; pulse becoming more rapid and weaker until five o'clock this evening, when he died.

A *post-mortem* examination made twenty-two hours after death revealed the following condition:

On opening the abdomen the peritoneum was found exceedingly congested, and the serous surface covered with lymph, of a broken down, almost purulent character. The cavity was found filled with fluid of a dirty greenish appearance. The omenteum was so agglutinated to the intestines that it was impossible to separate them. The stomach and intestines were very much distended with gas. The mucous membrane of the stomach was soft and of a dark colour; that of the intestines was also soft, and exhibited traces of intense inflammation.

The most careful examination was made to discover any rupture or strangulation, but without success.

The kidneys were normal, as was also the liver.

The viscera of the thorax were not examined. It is to be regretted that the history previous to his coming into the Hospital could not have been more accurately obtained. No cause could be found for the peritonitis. The only conclusion one can arrive at, is that it was brought about by the previously existing enteritis.

No. 2. James Howlett, æt. 22, carpenter; admitted Aug. 28th, 1874. The patient had been complaining for about two days before admission, of slight griping pains, accompanied by diarrhœa. He did not receive any injury, and could give no other reason for their coming on, except that he had been eating some vegetables and drinking more beer than usual. On the evening of admission, (this evening,) he applied for advice to a medical man, who sent him at once to the Hospital. He is at present very weak, so much so that he had to be assisted up-stairs. He suffers from very severe abdominal pain, which seems to commence at the umbilicus and radiate over the whole abdomen. His tongue is coated; he has a very rapid weak pulse, about 130 beats to the minute. His breathing is laboured, it being difficult for him to take a deep inspiration. His bowels are constipated.

He was at once put to bed, and warm fomentation with turpentine stupes were applied to the abdomen. Opium was given him in the form of liq. opii. sedativus, together with whiskey and ammonia.

Sunday morning, Aug. 29th.—The pain in the abdomen has increased in severity. The patient lies on his side with the legs drawn up. Pulse increased in frequency. The surface of the body is covered with a cold perspiration.

Sunday Evening. The patient has been gradually getting worse. This evening his bladder became exceedingly irritable, producing a constant desire to micturate. The catheter was passed, removing a small quantity of urine.

He has also been seized with excessive vomiting. The matter ejected is decidedly stercoraceous, consisting principally of fluid of a dark colour. His bowels not having moved since his sickness commenced, a simple enema was given, which, however, brought nothing away. The abdomen is very much distended with flatus, and excessively tender to the touch. The pulse ranges from 140 to 160 per minute. The opium treatment has been persisted in.

Monday, Aug. 30th.—This morning patient was much worse. Vomiting continued at intervals. The pulse was weaker, in fact scarcely perceptible, and the pain was of a more severe character. The

breathing was very rapid, and entirely thoracic. He sank rapidly and died at noon to-day.

Post-mortem examination twenty-four hours after death. On opening the abdomen the peritoneum was found congested, of a dark red colour. The visceral layer was covered with lymph. There was also some fluid containing lymph in the cavity. The mucous surface of the intestine was found thickened, congested, and of a dark colour. No rupture, obstruction, or strangulation could be found in any part of the canal, although a diligent search was made for something of the kind. The liver and spleen were very much congested, and the bladder contracted. No other viscera were examined.

RAILWAY ACCIDENT—AMPUTATION.

No. 3. Edward J., æt. 34 years. Born in New York State; admitted Aug. 11. The patient, a strong, stoutly built man, stone-cutter by trade, received injuries on the Great Western Railway on the morning of admission, for which amputation at the shoulder joint had to be performed. The accident occurred as follows:—Patient, who was under the influence of liquor, jumped from a railway train when in motion, or about to stop, when he fell, and was in some way jammed between the cars, afterwards falling into the cattle guard beneath. When he arrived at the Hospital, some hours after the injury was received, he was still intoxicated. The right humerus in the upper third was comminuted into the smallest fragments. The soft parts about the joint were bruised almost into a jelly. There was also an extensive wound into the fracture. He had lost a good deal of blood before he came to the Hospital. The arm was removed at the shoulder joint, the subclavian artery being controlled by pressure. On account of the burning and laceration on the outer and upper part of the shoulder, the flap was taken from the inner side of the arm. The arteries were all secured by torsion, and the parts of the wound brought together with silver wire sutures.

August 12th. Patient is to-day somewhat delirious. Pulse 150. The contused tissues which could not be taken away during the operation are now commencing to slough away.

August 15th. A large amount of discharge is coming from the wound. The condition of patient has however improved. Pulse 100.

August 22nd. P[illegible] much better. The edges of the wound have closed, with the exception of two openings through which the pus has an exit. The cavity left from the sloughing of the tissues, is beginning to heal up by granulation. Since the operation patient is taking the following remedies:—

℞—Quin. sulph.....grs. 50.
Tr. Ferri mur.....ʒss.
Aq. ad.....ʒviii.

A tablespoonful to be taken every 4 hours.

℞—Ammon. carb.....grs. 80.
Spts. ammon. aromat...ʒiii.
Aq. ad.....ʒviii.

A tablespoonful to be taken every four hours in milk.

August 25th. The patient was able to get up to-day for the first time. His condition is good in every way; wound closing up rapidly.

INIURY—AMPUTATION.

No. 4. Joseph W., æt. 32, Canadian. Admitted Aug. 26th, 1874. The patient is a frame moulder by occupation, and while at work to-day a heavy press feel on his right hand, crushing it off as high up as the carpus, so that the fingers were attached to the remainder of the hands merely by the tendons. The wound in the integument extended much farther up anteriorly than posteriorly. Before coming to the Hospital he had lost a great deal of blood. An hour or so after admission the portion of the hand remaining was amputated at the wrist joint, the flap being taken from the back of the hand. The arteries were torsioned, and the parts brought together by sutures.

Aug. 27th. Patient complains of a great deal of pain in the stump. He has no appetite. Pulse rapid and weak. Ordered an iron and quinine mixture.

Aug. 29th. The stump and in fact the whole fore arm is red and swollen. The stitches were removed on the second and third day after the operation. There is a good deal of purulent discharge coming from the wound.

Sept. 6th. The inflammation has disappeared. A portion of the integument in front of the wrist has sloughed away, and the space is now filling up by granulation.

Sept. 17th. Patient left the Hospital to-day. The wound was almost entirely healed up. There was scarcely any pain in the stump, and his health has very much improved.

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THE CULTIVATION OF OBSTETRICS.

Whatever portion may be hereafter assigned to the present age of medical writers of a later period, there can be little question that the high cultivation of Obstetrics, and the rise and rapid development of what may be termed the subdivision of Gynæcology will be held to worthily distinguish the present epoch in medical history. The progress of obstetrics as a distinct branch of medicine has been slow and gradual. It began, not with our generation, but in our day only can it be said to have attained to its full dignity.

We shall find on inquiry that there are certain circumstances and conditions that have favoured the attainment of the present improved status. Most prominent of all must be held the fact that the obstetric art only began to improve when the practice of it was taken up by *men*. In the day when midwives had it all to themselves, their practice was tinged by many absurdities and superstitions. These, by turns, the stronger intellect of man swept away; and he, gradually, arriving at the scientific basis of the physiological process of parturition (which the early midwives could not do for themselves), soon began to repay womankind for his intrusion into the lying-in chamber, by placing at command for her comfort and safety, a degree of skilful interference that possibly would never have been attained had the obstetric art been still limited in its practice to women. Further, it may be remarked in this connection, that in whatever respects the female capacity may be on an equal with that of man, it is undeniable that as compared with man, woman is not inventive. All the instruments of the obstetric armamentarium are the inventions of men. And we need scarcely say, that as the earliest improvements in this art were the work of men, so the latest have been contributed by the skilled male obstetricians of our own day.

We do not purposely bring forward these facts as part of a discussion on the fitness of women for the practice of midwifery; we simply think it well to call them to mind as being founded on the history of obstetric improvements, and as denoting most strongly that the contributors of further improvements must, by reason of the law herein seen to be operative, be men. But if woman could only be made intimately acquainted with the truth, that the cultivation of obstetrics by men has been to their advantage by immense odds over what could have been expected of its continued practice by women, what a debt of gratitude would the sex be sensible of owing to man, and how far it would go in overcoming whatever lingering repugnance there may be to the employment of the accoucheur. As it is, we believe, the preference for the obstetric practitioner over the midwife is arrived at by every day exhibitions of his superior skill, and is not based upon any considerations such as have been here pointed out.

Another circumstance which has contributed to the advancement of obstetrics has been the association of practitioners. Among the leading societies may be instanced the Obstetrical Society of London, which has done much to advance its objects. What has been brought together by the societies, has been diffused by the medical press, as powerful in this as in other spheres for advancement and general elevation. No one can fail to notice, that, in those journals which aim to be serviceable to the general practitioner, a very large space is regularly devoted to obstetrical subjects, and that judged by this standard alone, obstetrics is asserting a place not inferior to surgery or the practice of medicine. Besides the systematic works which have recently appeared, the fact of a special journal having been lately established in England to take up questions in this branch of medicine, is a fact of considerable significance.

We need scarcely say that the earnest spirit which is characteristic of the day in all that pertains to science and art, finds scope for art in the cultivation of obstetrics; and that, in consequence of this devotion, obstetrical knowledge has of late gained many most valuable accessions. We have

not space to particularize much, nor is it necessary for the regular reader of current medical literature; but there are two improvements which have come in since the introduction of anæsthetics into midwifery that stand out so conspicuously as to deserve particular mention. The one is the more general and timely use of the forceps as a means of shortening labour and so lessening the period of suffering in difficult labours, and thereby saving life and promoting more speedy recovery; and the other is Dr. Barnes's plan for checking *post-partum* hæmorrhage by the intra-uterine injection of diluted perchloride of iron. This last resource has undoubtedly been the means of saving many mothers, and has so happily reduced the fatality of parturition that Dr. Barnes is fairly entitled to the name of a benefactor of his race, and is eminently deserving of some public recognition. Of the class of cases suitable for its employment it is incumbent on the practitioner to make a study, which he may now do from the many reports that have been made as to its advantage, and the precautions necessary to adopt. The new practice has already received such eminent sanction that any neglect of resorting to it in a suitable case, either through ignorance or inadvertence, would be most culpable.

This article might be extended much more by referring to the advances that have been made in gynæcology, but that must be reserved to a future occasion. We simply conclude by advising our young friends, students and young practitioners, to give every attention to the subject of obstetrics. The study may be less attractive to most young men than surgery, but this they may depend upon, that in general practice for one surgical case of anything above minor importance, they will have twenty obstetrical cases, some one or more of which will tax all their skill and knowledge, and serve to test their powers. It has been long noticed that success in midwifery paves the way for family practice, and serves indeed as the best foundation for the practitioner's success in life. This consideration and the reflections that will follow from dwelling on the facts which we have recounted from the history of the advancement of this art, should serve to inspire the student with that earnestness and diligence necessary to attain proficiency and skill.

SEDUCTION AND ABORTION.

The subject of seduction is connected with some heinous crimes of which the medical profession is so peculiarly cognizant, that we shall make no apology for offering some remarks concerning the propriety of the Legislature, at its next session, attempting to deal with this crying evil. It may here be remarked that certain past anomalies in the laws of property, to the prejudice of women, could only be accounted for by the fact that men were the legislators. These have been justly dealt with by the Ontario House. How far this observation is applicable to the laws that regulate or control the intercourse of the sexes, is an extensive and interesting topic. The universal practice of mankind, founded without doubt upon physiological distinctions, has recognized the right of the male sex to make the overtures of marriage, and has thrown upon the other sex the task of yielding to, or resisting these importunities. From this commerce arises the most odious breach of faith of which a man can be guilty, the detestable selfish crime of seduction, for which the law seems to despair of giving the wretched victim any adequate reparation; for the unfortunate woman has no action against her seducer, unless upon the breach of a promise of marriage. Under the fiction of compensating a father or master for the loss of her services, damages may perhaps be recovered; but not one dollar of them can the injured female directly claim. Whether this moral wrong should be left still without redress, civil or criminal, or what are the difficulties the legislature has to encounter, in making the guilty violation of chastity amenable to human laws, is peculiarly the province of our legislators to consider. Such, however, as the law now is, it is plain it does not reach effectually the poor and friendless classes. It is erroneously and unjustly held by some, that it is quixotic to expect the sense of honor to be extremely delicate with them; that the loss of character is scarcely felt among a host of offenders; and the chances of securing a husband under the terrors of the magistrates, are temptations too great for common frailty. It were vain to expect that any system could abolish the crime of seduction altogether, but we are certainly of opinion that making it a criminal offence would greatly tend to the abridgement of the evil.

Some legislative change for the diminishing—if absolute suppression is impossible—of the crime of abortion is manifestly needed, and we would submit for the consideration of legislators at the approaching session, whether some check to the indiscriminate sale of certain medicines, which we will not more particularly name, should not be attempted. A little private enquiry would soon satisfy them of the necessity for adopting this suggestion. We speak of that which we do know. In our opinion every druggist should be sworn to keep the medicines we allude to, under lock and key, and to suffer none but himself or a sworn assistant to dispense them, upon a proper recipe. Knowledge is power. In proportion to our command over medical agents for the purposes of health, are the abuses of the same agents for the most guilty purposes. We hope it is sufficient merely to allude to this subject to excite vigorous and concerted action on the part of our representatives in the House of Assembly.

Social Entertainment.—On the evening of the 27th of August, Dr. Rosebrugh, of this city, entertained the delegates from the American Medical Association, to the Canadian Association which lately met at the Falls, viz., Dr. Jenks, of Detroit, and Dr. Thompson, of Lansing, Mich., at West Lodge, Toronto. He also invited several of his medical friends in the city and country. A very pleasant meeting was the result. The supper was got up in good style, and the company enjoyed themselves heartily. After supper, the host publicly introduced Dr. Jenks to the company, and asked him to make some remarks, in an informal way, on some subject connected with his specialty, viz., Diseases of Women. Dr. Jenks very kindly complied with his request, and exhibited a new form of vaginal speculum, explained its mechanism, and gave his views on the treatment of certain forms of uterine disease. He replied to several questions put to him by some of those present, in all of which he showed himself familiar with the subject, and gave some useful hints in reference to the treatment of uterine diseases generally. The evening was spent very pleasantly and profitably. The friends of Dr. Rosebrugh will be glad to know that he has entirely recovered from his severe illness (typhoid fever), and is able to resume his professional duties.

Bellevue Hospital.—At a late meeting of the Commissioners of Charities, &c., New York, a resolution was passed re-organizing the medical staff of Bellevue Hospital. By its terms, eleven former members of the staff have been removed, viz., Drs. Taylor, Sayre, Crow, Gooley, Fordyce Barker, Hamilton, Markoe, Flint, Jr., Polk, Lusk, and Janeway. Some of these men have been on active duty for the past twenty years. The object the commissioners have in view is to so re-organize the staff as to give the different schools equal representation, and to remove as far as possible all grounds of jealousy between them. It is the declared intention of the commissioners to give the colleges equal rights; and in the appointment of the new board, two have been selected from each school and two have been chosen from the profession outside, making in all eight members. These will have the power of nominating thirty-three candidates, from among whom the commissioners will select eleven additional members. We hope that the clinical teaching of the Hospital may not suffer by the change.

Personal.—Dr. Stimson, formerly of St. George, Co. Brant, Ont., has removed to Detroit, Mich., to pursue the practice of his profession. He has been very cordially received by the profession there, and is obtaining a good practice.

At a meeting of the County of Brant Medical Association in June last, it was moved by Dr. Philip, and seconded by Dr. J. Y. Bown, and carried unanimously, "that in consideration of the active interest which Dr. Stimson has always taken in its welfare, the Brant Association desires to place on record its regret at learning that he has removed from St. George, Canada, to Detroit, U. S., and it would cordially recommend him to the kindly greeting of the profession in his new home."

Elixir Ferri et Calcis Phos. Co.—This preparation of Dr. Wheeler's, of Montreal, has probably not received as much attention from the profession in Canada as it merits. It contains 2 grs. lacto-phosphate of lime, 1 gr. of lacto-phosphate of iron, 1 gr. of the alkaloids of calisaya bark, and 15 drops of ferri phosphoric acid to each half fluid ounce of sherry wine. It is a very agreeable preparation, and those who have tried it are high in its praises. It has been tried in the United States, especially by the physicians of Detroit, who commend it highly.

EXAMINATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—At the meeting of the Board of Examiners of the College of Physicians and Surgeons of Ontario, held on the 21st of last month and following days, 29 candidates presented themselves for examination. The following is a list of those who passed the professional examination, and received the license to practice in Ontario:—F. R., Armstrong, Stouffville; R. W. Bell, Carlton Place; S. Bell, Alliston; R. G. Brett, Arkona; A. David, Port Lambton; D. P. W. Day, Harrowsmith; A. M. L. Dingwall, Mount Hope; G. M. Farewell, Stouffville; N. Gillies, Chesley; J. A. Griffith, Guelph; R. Hamilton, Athlone; T. G. Hockridge, Newmarket; H. Howitt, Guelph; D. Leitch, St. Thomas; F. Mitchell, London; C. S. Moore, London; T. C. McConkey, Barrie; A. McLaren, Delaware; A. L. McLaren, Sarnia; J. Richardson, Toronto; W. Robinson, Markham; J. H. Rolstin, Toronto; C. Sinclair, St. Thomas; E. S. Taylor, Dundas; F. Warren, Brooklin; J. R. Van Allan, Chatham. The following gentlemen passed the primary examination only:—E. J. Freel, Markham; S. S. Murray, Carlisle; Jas. W. Renwick, Hespeler.

DEATH OF DR. ANSTIE.—We regret to announce the death of Dr. Anstie, of London, England, editor of the *Practitioner*, which took place on the 12th ult., after a short illness, brought on by blood-poisoning from exposure to sewer gas while examining the sewers in connection with the Wandsworth School. He was attended by Dr. Geo. Johnston and Dr. Burdon Sanderson, but his case was hopeless from its commencement. Dr. Anstie was a physician widely known for his professional abilities, and also as a writer. He published a valuable treatise on the nature and cause of neuralgia, besides many contributions to medical journals on various subjects. He was physician to the Westminster Hospital, and has been for several years editor of the *Practitioner*. His death has been sincerely felt by a large circle of private friends.

ASSISTANT WANTED.—A medical practitioner wishes to secure the services of a good experienced medical man as an assistant, and to take charge of his practice for a short time. For particulars address X.Y.Z., Bowmanville, Ont.

COMPLIMENTARY.—The people of Keenansville and the townships of Adjala and Tecumseth, Co. Cardwell, gave a banvuet on the 10th ult. to Dr. McKenna, who is leaving for Seaforth. The Reeve and Deputy-Reeve of Adjala, and the Reeve of Tecumseth, were present and made appropriate speeches. At the close of the banquet the Doctor was presented with a magnificent set of silver mounted harness, accompanied with an address, which bespoke the high esteem in which he is held among his friends. The Doctor made a suitable reply. We are always glad to see such tokens of friendship. They speak well for the community, and are very gratifying to the recipients.

APPOINTMENTS.—Jacob Bruce Kennedy, M.D., of Welland, Lorne L. Palmer, M.D., of Thorold, and James McGarry, M.D., of Drummondville, have been appointed Associate Coroners for the County of Welland. John McConnell, Esq., M.B., of Thornhill, Associate Coroner for the County of York. Dr. Alleyne Nicholson, late Professor of Natural History in University College, Toronto, has been appointed to the chair of Biology and Physiology in the Durham University College of Medicine and Physical Science at Newcastle-on-Tyne.

RECOGNIZED COLLEGES.—The following is an abstract from the official list of Canadian medical colleges recognized by the Royal Colleges of Physicians and Surgeons, England:—The University of Toronto; the University of Trinity College, Toronto; the University of Victoria College, Toronto; Royal College of Physicians and Surgeons, Kingston; McGill College, Montreal, and Bishop's College, Montreal.

THE NEW MODIFIED CAMMAN STETHOSCOPE.—The modified Camman Stethoscope is now manufactured by Messrs. Tieman. of New York. These instruments have the Flint curve to the tubes, and in general style and finish are perfect.

This form of Stethoscope is also manufactured by Messrs. Codman & Shurtleff, of Boston, and for sale by their various agencies.

BRITISH DIPLOMAS.—James William Whiteford, Esq., M.D., of Canada, has lately passed his examination in Edinburgh, and obtained the double qualification L.R.C.P.E., and L.R.C.S.E.

GUARANA.—Dr. Ritchie, surgeon in the English navy, says: "It is held to be stomachic and an antifebrile, and is used in Dysentery, Diarrhœa, Retention of Urine, etc. It stimulates and at the same time soothes the gastric system of nerves. It is indicated in fever, reduced vital powers, in grief, depression of spirits, colic, flatulence, *anorexia*, nervous hemicrania." Severe cases of neuralgia, and diarrhœa with pain, have been most gratefully relieved. Affecting directly the *mucous membrane*, its application is very general and presents large expectations.

PERSONAL.—Dr. Hodder, the Dean of the Medical Department of Trinity College, who has been in England during the summer, will be here on the 15th inst. His friends will be glad to know that he is in excellent health and spirits. Dr. Bethune, of Toronto, who has been on a visit to his friends in Edinburgh, is also expected home in a few days.

OPENING FOR A MEDICAL MAN.—There is a good opening for a medical man in Haysville, Co. Waterloo.

Dr. C. J. B. Williams has been appointed surgeon extraordinary to the Queen.

CHLOROFORM IN STRYCHNINE POISONING.—(*The New York Medical Record*, July 1, 1874).—A man took five grains of strychnine with a suicidal intent. He was given twenty grains of the sulphate of zinc, which produced vomiting. Convulsions had occurred repeatedly, however, and he was seized with one of tetanic form at the time of coming under observation. Every muscle was rigid, and tetanus was complete. Opisthotonos, irregularity of the pulse, varying from 120 to 140 in the minute, with all the accompanying symptoms, were noticable.

He was immediately placed under the influence of chloroform. The convulsions ceased from the commencement of the anæsthesia, under which the patient was fully kept for three hours. The chloroform was then removed, but the patient did not awake until six hours afterwards,—a case of recovery.—*Medical Examiner.*

DIED.

At Haysville, on the 31st of August, Dr. Maurice M. O'Connor, after a short illness.

At Streetsville, on the 2nd of September, Dr. Crombie, from the effects of nitric acid, taken by mistake.

In Quebec, on the 31st Sept., Dr. Moffatt, in the 57th year of his age, after a few hour's illness.

At. Drayton, on the 11th ult., of typhoid fever, Harry Edmunds, undergraduate of Trinity College medical department, Toronto.

At Elora, on the 22nd August, Campell and Hugh, twin sons of Dr. Paget, aged ten months.

In this city, on the 10th of September, of puerperal fever, Octavia Percil Bernard, wife of Dr. Hostetter.

At Berlin, on the 25th ult., of consumption, Dr. Pipe, in the 39th year of his age.

Book Notices.

THE COMPLETE HANDBOOK ON OBSTETRIC SURGERY—Or Short Notes of Practice in every emergency—With numerous Illustrations, by Charles Clay, M.D., late Senior Surgeon and Lecturer on Midwifery, St. Mary's Hospital, Manchester; England, &c. &c. From the third London Edition, Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson; pp. 328: Price $2.00.

This is a very full and complete handbook on operative midwifery. The first chapter is devoted to the use of chloroform in obstetric practice. The remaining subjects treated of are taken up in alphabetical order, viz.: abortion, anteflexion, ascites, ballottement, bandages, bladder, blunt-hook applications, cæsarian section, calculus, cephalo-tripsy, club-foot, &c., to vectis and version. Thus doing away in great measure with the necessity for an index. Scarcely anything of importance has been omitted. The author describes upwards of one hundred and eighty operations, from the simplest to the most difficult, with a fulness and completeness of detail that is truly wonderful in a work so condensed. The work will be found very useful, especially for young practitioners, to carry with them in their pockets to the bedside of the patient. It is not intended to take the place of larger works, but merely to aid or supplement them. It is very concise and convenient for ready reference in any and every emergency in obstetric practice. We cannot commend it too highly.

ESSAY ON CONSERVATIVE MEDICINE AND KINDRED TOPICS, by Austin Flint, Sr., M.D., New York. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

AN ACCOUNT OF CERTAIN ORGANISMS OCCURRING IN THE LIQUOR SANGUINIS, by Wm. Osler, M.D.

SURGICAL EMERGENCIES, together with the emergencies attendant on parturition and the treatment of Poisoning. A Manual for the use of general practitioners, by Wm. Paul Swain, F.R. C.S., England, Surgeon to the Royal Albert Hospital, Davenport, England, with 80 illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinston, pp. 189; price $1.75.

The part devoted to emergencies of parturition has been written by Dr. Alfred Meadows, and that devoted to injuries of the eye by Dr. G. Lawson. The work furnishes the busy practitioner with a very complete and extremely valuable *vade mecum* of surgery. The surgical portion proper embraces nearly everything of importance in general surgery that one could desire. The antiseptic treatment of wounds is treated of in the closing chapter, and is not the least interesting feature of the work. We have been much pleased with a perusal of this little unpretentious volume.

A CONSPECTUS OF MEDICAL SCIENCES, comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics, for the use of Students. By Henry Hartshorne, A.M., M.D. Second edition, enlarged and thoroughly revised. Philadelphia: Henry C. Lea. Toronto: Hart & Rawlinson.

The profession is already thoroughly familiar with the aim and scope of both the above works, in former editions. The new editions have been revised with great care, and brought up to the latest views on the subjects treated, and will no doubt be favourably received by medical students, for whom they are chiefly intended.

INJURIES OF THE SKULL, in relation to Medical evidence, and remarks upon the use of the Trephine by C. C. F. Gay, M.D., Surgeon to the Buffalo General Hospital.

The first number of a new French Medical Journal, "La Gazette Medicale," is just to hand. It is edited by Dr. Bibaud, of Montreal.

ELECTRO-THERAPEUTICS—A condensed Manual of Medical Electricity by D. T. Lincoln, M.D., Physician to the Boston Dispensary. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

MATERIA MEDICA FOR THE USE OF STUDENTS. By JOHN B. BIDDLE, M.D. Sixth edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. Price, cloth, $4.00.

MEDICAL NEWS AND MISCELLANY.

AMPUTATION AT THE HIP-JOINT.—This operation was performed at University College Hospital recently, by Mr. Berkeley Hill, on a young woman suffering from a large sarcomatus tumour connected with the upper part of the left femur, which had been growing for some months. The tumour encroached so much upon the front of the thigh and pelvis that the operator was unable to transfix the limb to form his anterior flap, and therefore dissected up the skin from the upper third of the thigh, and secured the common femoral artery before the deep structures were divided. The bone was then disarticulated by cutting through the tissues overlying the joint, and a short flap formed posteriorly. The abdominal tourniquet was applied to the aorta, and the operator was ably assisted by Mr. Heath and Mr. Beck. The patient lost but little blood, and bore the operation remarkably well.—*The Lancet.*

FORMULA FOR SUMMER CATARRH.—Dr. Hoover, in the *American Medical Journal*, recommends a chlorate of potassa, 60 grains, sulph. morph. 12 grains, to six ounces of water, to be used by the atomizer. He says it will give relief immediately, and effect a complete cure in a few days.

BIRTH OF TRIPLETS AFTER OVARIOTOMY.—In the *Medical Times and Gazette*, Dr. Spencer Wells, publishes a letter, just received, announcing the delivery of a lady of triplets, six years after he had performed ovariotomy upon her. There were three distinct placentas.

THE GOOD OLD TIMES—Professor Flint speaks of a memorable instance, in a New England medical college of a single professor occupying all the chairs during an entire session. Those were halcyon days for medical students.

Goitre is attributed by Mr. Bergeret, a recent French writer, to the influence of sulphates in the blood, derived from sulphate of lime in drinking-water, and from other sources.

A writer in *The Journal of Applied Science* (September 1) states that castor-oil has so little effect on Chinese intestines that the Celestials use it habitually in cookery.

Prof. Hughes Bennett, after twenty-six years of service in the chair of *Institutes* in the Edinburgh school, has resigned on account of ill health.

A Department of Public Health has just been established in the University of Edinburgh.

THE CANADA LANCET:

A MONTHLY JOURNAL OF

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Original Communications.

ADDRESS ON MIDWIFERY.

BY E. H. TRENHOLME, M.D.,

Professor of Midwifery, University of Bishop's College; Physician to the Women's Hospital, Montreal; Attending Physician to Montreal Dispensary, etc.

(Read 5th August, 1874, before the Canada Medical Association.)

The subject of the Uterine Decidua that I have ventured to bring before you on the present occasion, is one that has occupied but little attention until within the last two or three years.

I feel some confidence and pleasure in this undertaking, inasmuch as I had the honor of giving to the profession the first paper upon the uterine decidua with regard to some of the phenomena met with at the bed-side of the lying-in-woman. However, it is not upon the plea of novelty that I ask your favorable consideration, but rather trust to secure your approval by presenting sound theories, and established facts, that will tend towards greater success in the practice of midwifery.

The external envelope of the fœtus, the only one supplied by the mother, is the altered mucous membrane of the uterine cavity. This membrane is glandular; but without entering upon the details of its physiological anatomy, it is found to contain, according to the late researches of Dr. G. Leopold, a rich supply of lymphatic glands.

It is well to bear in mind that the decidua is composed of the mucous membrane of the cavity of the uterus alone, and that at labor it is cast off, being severed from the mucous membrane of the neck which remains in situ. As to the change occurring previous to detachment, at menstruation and during gestation, Kundrat and Englemann have stated that "if we examine the process of menstruation, we will find that the cellular elements surrounding the tubular glands undergo rapid proliferation, especially those layers which are nearest to the cavity of the uterus, while the glands themselves participate in this activity, becoming thereby larger, and thrown into wavy folds, in order to accommodate themselves to this increased length. If there is no necessity for further development, a process of fatty degeneration commences in the most superficial layer, where the growth was most rapid, including the interglandular tissue, the epithelium of the glands and the blood vessels—which may possibly be caused by the fact that this extreme activity of growth may have cut off, by the compression of the bloodvessels, the source of nutrition. The walls of the capillaries now rupture, and the menstrual hemorrhage is established, while the superficial layer of the mucous membrane is gradually cast off with the discharge.

But if fecundation has occurred, this retrograde process does not take place, but, on the contrary, excited by the stimulus of the growing ovum, the inner two-thirds of the mucous membrane now participate in the process, many of the cells in the interglandular substance become larger, and send out prolongations, while their nuclei undergo repeated division.

The orifices of the glands are separated from each other, while their calibre is narrowed by the advancing growth. The mucous membrane gradually loses its peculiarities of structure, and finally appears a transparent homogeneous membrane at term. The ovular and uterine decidua coalesce after the fifteenth week. At birth it has been observed that the uterine decidua hangs in shreds upon the ovular decidua. Virchow notes a case where the membranes after birth "were found to contain not only hypertrophid decidual elements, but also muscular fibre cells; and he further remarks, the case, in this respect, remains unique." I have no fault to find with Virchow's facts as to the actual presence of muscular fibre-cells attached to the decidua, inasmuch as I have time and again recognized the same condition under the microscope, and if that illustrious pathologist had deigned to read the paper, (I have already mentioned,) presented to the Obstetrical Society of London, in July, 1872, he would have fonnd that the case related by him is by no means a unique one. The same author would have found that the character of labor that occurred in the case he records is precisely the same as a case noted by my

self, given in illustration of the views then advanced. But to return to the mucous membrane during gestation, it is self-evident that there is a sufficient contact with the muscular surface to preserve its vitality. Also that pathological changes supervene with the progress of gestation and finally detach it about the end of the ninth month, or 275th day. At this period the changes just mentioned cause the decidua, with its contents, to act as a foreign body, inducing reflex action of the organ, and this ends in expulsion of the fœtus and after-birth. Thus we have a satisfactory answer to the question, why labor supervenes at the end of the ninth month.

This view, taught to my class four years ago, is now accepted by several writers on the subject, and will be, ere long, acknowledged by all teachers of midwifery. Dr. Karl Shroeder accepts and enunciates the views advanced by myself as just stated, and says, "that as pregnancy advances a fatty degeneration of the decidua takes place (which reaches its climax at the end of the tenth lunar month,) whereby the organic connection between the ovum and the uterus gradually becomes solved, and the ovum acts as a foreign body and irritates the terminal fibres of the motor nerve of the uterus, the sympathetic; when this irritation has reached a certain degree, a corresponding reflex action, in the form of a contraction of the uterine muscular fibres, takes place, which contraction is repeated as soon as the requisite sum of irritation is again obtained; and this rotation continues, each successive contraction being intensified by the separation of the ovum, from the uterine wall, and therefore stronger and more rapid, until the expulsion of the ovum takes place." Abortion, like parturition, must be due to reflex action of the uterus, excited by the pathological condition of its contents. Admitting the correctness of this view we must seek out the causes that endanger the life and development of the embryo, and not unfrequently jeopardize the life of the mother also. These pathological changes are in my opinion chiefly due to a diseased condition of the mucous membrane prior to conception. From this condition of things as a starting point, I think we can trace a large amount of uterine disorders, such as hyperplasia of the body and the neck, abrasions and ulcerations of the os and cervical canal, with their accompanying phenomena. I am aware that on the other hand, it may be argued that many of the conditions of the uterus; as mentioned, may be regarded as the result rather than the cause of abortion. Both views may be correct, and are alike worthy of careful consideration in dealing with abortions and in treating uterine diseases.

Apart from pathological conditions of either the uterus or the decidua, we may have the detachment or death of that membrane, with its consequent phenomena, as a result of direct violence, mediate or immediate, applied to the part. Such violence may cause rupture of a bloodvessel and effusion of blood; or general damage of the vessels resulting in stagnation of the blood supplied to the part, and consequent fibroid or fatty degeneration. Whatever the cause, when once vital union is destroyed, we have inevitable reflex action induced, which ends in the extrusion of the uterine contents. This result is what we naturally expect in the early stages of gestation, as up to the tenth or twelfth week the chorion and decidua are more or less intimately united and therefore generally expelled together,

At a later period the villi of the chorion atrophy except at the part involved in the formation of the placenta. The connection between the decidua and chorion is feeble, and we may expect the amnios (in some cases at least) to escape with its contents, without necessarily carrying the decidua with it. So far as I know there is no reason why the amnios should not separate from the decidua, as well as the decidua itself from the muscular surface of the uterus. A case of this kind is recorded in the British *Journal of Obstetrics*, (American supplement, 1874, as having occurred in Philadelphia, where "the decidua and placenta were left behind after the escape of the ovum and its clear membrane." Whether such an event is common or not is a point to be settled by further observation and research. It may be that the uterine and epichorial decidua in some cases are separated by fluid, the latter escapes with the ovum, while the former remains in situ. In practice the danger arises from the retention of the after-birth in those cases where strong vascular connection exists, the patent orifices of parts that have been detached permitting alarming hemorrage. In some cases of retained decidua and placenta, their union with the uterus is so perfect that they are preserved from decomposition and retained for weeks and months. These exceptional cases, however, are not to be our guide in treating them, our duty is to entirely eva-

cuate the uterine contents, as anything short of attaining this result leaves our patient exposed to danger. *With regard to premature delivery*, it is clear that the ordinary pathological changes that result in setting up uterine contraction at the end of the ninth month, are in these cases precipitated by some peculiarity of constitution, or diseased condition of the uterus or decidua. One prominent feature of these cases strongly favors this view, viz., that the safety of the mother and child also, is greater, just in proportion to the length of time that intervenes between its occurrence and the normal period of gestation. This lessened danger is due to the comparatively advanced changes (already mentioned) having taken place, whereby lesser violence, than in the early stages, is exerted upon the decidua to effect its separation and expulsion. In both classes of cases, however, the difficulty of detaching the after-birth should lead us to delay as much as possible, the dilatation of the os, in order that the work of separation may be more perfectly accomplished by the uterine contractions. This view of such cases would also teach us, to aid by manipulation over the uterus, the final uterine spasm which completes the expulsion of the fœtus or ovum. In ordinary labor, which will be referred to hereafter, this course will also be of much service in bringing it to a satisfactory close.

With regard to *prolonged gestation* we have a simple and satisfactory explanation, when we once recognize the separation of the decidua as *the exciting* cause of labor. In these cases there is simply a delayed maturation or fatty degeneration of the decidua. Among the lower mammalia the period of gestation varies very much within the bounds of perfect health, and there is no difficulty in accounting for such cases upon the hypothesis just advanced.

The same theory that accounts for prolonged gestation, also accounts for its occurrence within a normal period. Perhaps temperament has something to do in hastening or retarding the ordinary pathological changes.

Important and practical as the views expressed are, in both abortion and premature labor, yet it is chiefly as relating to labor at term that they are most interesting. Not only do we perceive the operations of nature in originating uterine contractions with their consequent results, but we have also placed before us a sufficient cause for many of the distressing and dangerous phenomena met with in the lying in chamber.

In the decidual adhesions, we see the cause of those imperfect muscular contractions which I have spoken of at some length, in the paper already referred to, which recently Dr. Athill similarly describes as "strong and quick; they do not gradually culminate in a strong pain and subside again, but they are sharp, quick, and cease almost suddenly; and the intervals between the pains are long in proportion to the length of the pains." Again, "the short inert pains which prognosticate hemorrhage." call for the treatment urged by myself two years ago, viz., rupture of the membranes. This is usually enough, without recourse to other aids, medicinal or mechanical, as it suffices to induce regular muscular effort by allowing the ovum to become elongated and the organ space for contraction. When adhesions are present they inflict lacerations of the muscular tissue at the points of union, and thus cause nerve irritation with rapid reflex action; and this quickened action expends its force to a greater or lesser degree locally, ere the whole organ has time to participate in one common effort. Hence, there is a lack of expulsive power, and painful and retarded labor. Time forbids going into the consideration of much that suggests itself in connection with this subject; but there is one point I wish to bring before you. When the adhesions exist—as they most generally do—at the lower third of the cavity or around the internal os, we have a condition of things that is an effectual bar to powerful uterine effort, as well as to any progress towards expulsion. Even if the spasms are regular and strong, they must fail, inasmuch as the adhesions act in a mechanical way and effectually prevent dilatation of the os; while at the same time, the pains are expended without effect on account of the mutual antagonism of the contractile forces. Failure must follow, inasmuch as there is the absence of the one essential condition of success, viz., a concentration of the expulsive powers of the organ toward the outlet. Such cases are always troublesome to the accoucheur, and tedious and distressing to the patient. There can be but little doubt many hours and days of sorrow could be averted by a knowledge of the conditions present and, a timely proffer of the required aid. Fortunately the difficulty in most instances, is

within reach, and the finger of the attendant is able to effect the desired detachment of the membrane from the uterine surface. When once this is done the liquor amnii rushes downward and the bag of waters after filling the os, is driven forward like a wedge by the concentrated, and now powerfully expulsive, uterine effort, because such effort is directed toward the outlet.

The rapidity with which labor is accomplished after the correction of such irregularities is truly marvelous, and most satisfactory to both accoucheur and patient.

I am aware that in some cases the attachment of the decidua is beyond the reach of the finger. When this is the case, two methods of treatment are open to us. First, we can use the uterine sound—as a digital prolongation—and separate the adherent surfaces to almost any extent; or second, we can resort to rupture of the membranes, and allow the fœtus to glide over the decidua, inasmuch as the latter fails to glide over the uterine surface as it does in normal labor.

Much more might be said, but I will draw your attention to but one point more, viz., the great advantage, with regard to both safety and time, that follows the rapid and complete delivery of the after-birth. These results, so much to be desiderated, can generally be accomplished by aiding the last labor-pain, that expels the child, by pressing quite firmly over the uterus with the left hand at the precise moment that the organ is contracting. By this means our object is thoroughly accomplished. If it fails us for the moment, we should wait a little, and then repeat our effort with the next uterine contraction, which, when gently, and skillfully applied, seldom fails to be crowned with success. When it is desired to aid the uterus in expelling the after-birth, be careful not to twist or make strong traction upon the membranes; if you do, the result will be their laceration and partial removal. Besides this, frequently a sac of blood is left behind, which must be a source of great danger. I have no doubt that many cases of puerperal peritonitis and metritis are induced by such means; also the presence of such a foreign body will favor hemorrhage by dilating the organ. Even the retention of the adherent membranes alone are not free from danger, as all will readily admit.

In conclusion, I would urge upon my fellow practitioners to cultivate an acquaintance with the diseases of women. No subject presents more inviting interest, nor offers a fairer and fresher field for exploration and scientific enjoyment.

THE BEEF TEA FALLACY.

BY A. MACKINNON, M.D., STRATFORD, ONT.

Many years ago, that greatest of chemists, Baron Liebig proposed extract of meat as an agent of value, in certain cases of extreme nervous and physical exhaustion. This proposition at once sent the medical world agog, and ever since it has been the custom, with practitioners generally, to prescribe extract of beef in all cases requiring a supporting treatment, and in not a few requiring no such treatment, in the full belief that the article in question was the most concentrated, and at the same time the most easily appropriated and life-giving aliment that the patient could have administered to him. The belief is general that extract of beef is the very quintessence of beef, and as a matter of course, infinitely more nutritious than beef itself. Such being the opinions entertained, we need feel no surprise at the wide-spread custom of feeding the sick with beef tea or extract of beef, to the exclusion, to a large extent, of other articles of diet, including beef itself. That this practice is almost universal I need not stop here to show, since the fact must be known to the most casual observer. Physicians generally are in the constant habit of ordering extract of beef as food, in all conditions, from enfeebled health to the most acute disease. If the patient is weak he is at once ordered beef tea; and if he is still sinking he is ordered a still larger portion of beef tea. Such is the practice as we daily witness it, and such is the practice as seen in all civilized countries, and such shall be the practice until many thousand lives more are added to those already sacrificed at the shrine of this stupendous delusion.

What would be thought of the physician who, when called to the bedside, ordered coffee for diet, and more coffee as the patient's strength failed. Of course he would be declared mad; but, as I shall endeavor to show, he is only a trifle more so, than the man whose reliance is on extract of beef.

To the intelligent comprehension of the question it will be necessary to briefly inquire into three points:—

1st. What tissue or tissues of the human fabric more immediately concern the performance of the functions and the continuance of life?

2nd. What kind of food is best adapted to the production and support of such tissue?

3rd. Does extract of beef contain such food in due, or any proportion?

As to the first question, all science teaches us that fibrous tissue largely predominates in the higher order of animals more especially in man. It is contained in bones, tendons and ligaments; nerves and blood vessels are mainly composed of it; the connecting and various lining membranes are almost purely fibrous; and lastly, the great muscular system is made up of bundles of fibres, including the heart itself, which is to the animal what the main-spring is to the watch. To enlarge here would sound too much like demonstrating a self-evident proposition. It is only necessary to add, that every one must be impressed with the important part which fibrous tissue plays in the animal economy, and the paramount necessity of promoting its development and supplying its waste.

The second question is equally easy of solution, since science happily confirms what the experience of ages points out as the most nutritious kind of aliment. In this department of investigation, chemistry has opened up a wide field, the importance of which, to the intelligent physician, is daily becoming more and more apparent. No argument need here be advanced to show that it is from *nitrogenous* substances that muscle and the other fibrous tissues are developed, and the strength of the body maintained, since both observation and science have long ago placed these facts beyond the domain of dispute. *Non-nitrogenous* substances, therefore, do not directly impart strength, or vitality to the system, although useful enough as auxiliaries. It is also admitted on all hands that next to milk and raw eggs, or eggs heated to a point short of coagulation of the albumen, the flesh of animals is the most easily assimilated of all food, being already elaborated and requiring but little change before entering upon its final destination. If to this we add concentration of nutritive power, we can readily see why meat of all kinds, and beef in particular, should be esteemed invaluable as an article of food. It is on these theories that the extensive use of beef tea and extract of beef is based.

I now come to the consideration of the question, whether extract of beef contains the *azotized* or *nitrogenous* elements of beef. According to the foregoing conclusions—and I have taken nothing for granted unless it can be shown to be nitrogenous in its ultimate elements, it cannot nourish the system nor impart direct strength to it. By this test, extract of meat must stand or fall. There is not one law for extract of meat, and another law for all other substances. The law is the same in all cases and scrupulously impartial. At the beginning I stated that Baron Liebig was the first to recommend the use of extract of beef. It would appear, however, that he never recommended its *abuse*, for we find that a short time before his death he publicly repudiated ever having stated, that extract of beef was food capable of sustaining life. A synopsis of the paper in which the veteran chemist vindicated his opinions, is given by the *London Medical Record* of April 16th, 1873, and affords highly important evidence on a question on which he was, perhaps, better qualified to speak than any one else.

He wishes it to be distinctly understood that "he never asserted that beef tea and extract of meat contained substances necessary for the formation of albumen in the blood or muscular tissue;" and "that by the addition of extract of meat to our food, we neither economize carbon for the maintenance of the temperature, nor nitrogen for the sustenance of the organs of our body; and that therefore it cannot be called 'food in the ordinary sense,' but we thereby increase the working capabilities of the body and its capacity to resist exterior injurious influences, *i. e.* to maintain health under unfavorable circumstances." The editor of the *Record* summarises the remaining contents of the paper as follows: "Those constituents of meat which are *soluble* in boiling water take no part in the formation and renovation of the muscular tissues, but by their effect on the nerves they exercise a most decided influence on the muscular work, wherein meat differs from all other animal and vegetable food. He (Liebig) therefore places extract of meat, (essence) and with it tea and coffee, under the head of 'nervous food,' in contradistinction to articles of 'common food,' which serve for the preservation of the temperature and the restoration of the machine. Beef tea and ex-

tract of meat are of themselves incapable of supporting nutrition or maintaining life. Liebig, however, with justice, condemns the conclusions of those who, from comparative experiments on the nutritive value of fresh meat and meat-extract, taken *per se*, argue that the latter is not only useless for purposes of nutrition, but positively injurious. It should be clearly understood that beef tea and extract of meat are only to be regarded in the light of auxiliaries to food, rather than independent articles of nutriment."

From this it appears "that by the addition of extract of meat to our food we neither economize carbon for the maintenance of the temperature nor nitrogen for the sustenance of the organs of our body," that it cannot be called "food in the ordinary sense," and hence is placed side by side with "tea and coffee," under the general name of "nervous food." This is pretty hard on those who believe that extract of beef is, beef "simmered down" or the quintessence of beef, and who place the utmost confidence in its nutritive and life-sustaining properties.

Science and common sense are here in perfect accord. No one ever dreams that the juices contain all, or any considerable part of the nutriment of fruit. No one imagines that the brown liquid poured off his dinner potatoes carries with it the nutritious elements of that valuable vegetable, or that he would derive any benefit from using potatoe tea. No one seems to think that his apple dumpling has deteriorated in the boiling, or that apple dumpling tea contains all the nutriment that apple dumpling is capable of imparting. "Those constituents of meat" which are soluble in boiling water take no part in the renovation and formation of muscular tissue." This quotation from Liebig's paper, contains a lesson worth remembering, since it is as applicable to most other articles of food as it is to meat.

From this it is evident the less artificial our food the better, whether in health or disease. Of late years it has been too much the fashion to run after artificial preparations such as extract of meat, concentrated milk, infant's food, chemical food and the like. I have no hesitation in saying that such preparations are not only wholly unnecessary, but absolutely injurious under the ordinary circumstances of life. I grant some of them may be of use for purposes of travel, or under other conditions placing the simpler and more natural articles of food beyond reach. To this I would make exception in favor of extract of meat, for although it is not food in the ordinary sense, yet it may be given with advantage in cases of extreme nervous and physical exhaustion.

A few years ago every invalid was recommended to transform himself into a carnivorous animal. Copious instructions were given for the preparation of the meat, and confident promises of restoration to health were freely made. Civilized people, however, have always had an aversion to raw meat, and the practice, I believe, has not become very general. Raw meat is prepared for use by first beating it into a pulp. Lately I have been in the habit of directing this pulp to be cooked, simply by adding boiling water to it and agitating the whole briskly. It may be made of any consistency to suit the individual taste, and savored according to the same rule. It may be allowed to infuse a few minutes, as thereby it is rendered more palatable to most persons. In cases of very feeble digestive power, a few drops of muriatic acid well diluted, taken immediately after each meal, will greatly aid its digestion. This preparation is well suited to all cases where no hunger is experienced and mastication is irksome, or where food is loathed and the digestive powers are feeble —in fact in all such cases, as it has been the custom of late years to administer the imaginary food called beef tea or extract of meat. I find that patients prefer the beef pulp, prepared as I direct, to the extract, while in point of nutrition no comparison can be drawn between them. I would only add, that it is quite possible to place too much reliance on beef and brandy in cases of extreme nervous and physical exhaustion. New milk and fresh raw eggs are equally important, and there can be no reasonable doubt, that a due admixture of these and other articles, judiciously administered, is the surest and speediest method of restoring to nature her exhausted strength.

The Medical Times, Philadelphia, says:—Dr. Buchanan, of bogus-diploma notoriety, was arrested, Wednesday, September 16, whilst on his way to the Eclectic College, on the charge of having caused the death of a Mrs. Isaac W. Vandegrift by an improper surgical operation.

PARALYSIS FROM LEAD POISONING.

BY G. A. WILLIAMS, M.D., BAY CITY, MICH.

A man æt. 35, painter by trade, suffered from lead colic several times, and after one of these attacks was left with paralysis of the anterior part of the thigh. He applied for treatment to a surgical institution in Indianopolis, where he was put under the care of juniors, who used cold water as an application, and other remedies, the nature of which I did not learn. The patient gradually grew worse, and in a short time rebelled against the treatment and left the institution. When I saw him there was inability to stand upon the leg, extend it, or flex the thigh upon the abdomen, and the thigh was very much atrophied, being about one-half the size of the other. There was loss of motion in all the muscles supplied by the anterior crural nerve. In attempting to raise the leg it turned outwards by the action of the biceps, and in crossing the leg over the other, the patient required to lift it with his hands. He had dyspepsia, seminal weakness, &c., and was generally andemic. I was rather indifferent about taking the case, being of about four month's standing, and as some of our best authorities give an unfavourable prognosis in such cases, I thought there was very little chance for reaping laurels. Nevertheless, I concluded to take charge of the patient, and after explaining to him the great necessity of patience and perseverance, he gave me "a consideration," and I commenced the treatment. I treated him on general principles for the seminal weakness, &c., and gave him iodide potassium until I supposed the system was free from lead. The iodide of lead could be detected in the urine by boiling. On cooling the yellow spangles of iodide of lead could be seen deposited on the bottom of the vessel. I afterwards gave him nux vomica, and applied electricity; ordered friction from below upwards, and a sponge bath every day. I was also on the "qui vive" for malaria, and as he frequently had symptoms of it, the taking of quinine was laid down as part of his "religion."

This treatment was continued for about two months without any perceptible improvement, when the hitherto torpid muscles began to respond to the action of electricity, the thigh began to increase in size, and instead of rasing his leg with his hands he was able to cross it over the other in the natural way. The treatment was continued for about two months longer, when the patient was discharged cured, with the exception of a slight weakness of the knee.

In the use of electricity I have found a little care necessary in order to derive the full benefit of the treatment. Some physicians recommend changing the current from the direct to the inverse, but I think I have succeeded best by using the direct current, that is, passing the impression in the natural course of the nerve. In the nervous system we know that ordinary impressions pass in two different ways only in the different sets of nerves, but in using electricity the impression passes in both directions in both sets of nerves, for in taking hold of the poles and changing them from one hand to the other we feel the same impression in both hands. In acting upon the anterior crural we place the foot upon the positive pole in a basin of water, and apply the negative to the periphery of the nerve; in this way the impression passes up both sets of nerves, and down the anterior crural to the negative pole. If we apply the poles *vice versa*, the impression traverses the anterior crural in the inverse direction, and thus it escapes the impression we wish to make upon it. The principal feature in this case is the evidence of the importance of patience and perseverance.

I have discovered a new mixture since I came here, which, I believe, is "indigenous" to the Saginaw alley. It is called the Mist. Infantum. It consists of 3 grs. of tannic acid to every ten grs. of quinine, mixed with syrup of orange. This mode of preparation almost covers the bitter taste of the quinine. It is always retained, and is particularly useful in the treatment of infants with irritability of the stomach.

FRACTURE OF THE SKULL—RECOVERY.

BY N. O. WALKER, M.A., M.D., M.R.C.S., ENG.; PORT DOVER.

The perusal of your article on "Moral Prophylaxy" has brought to my mind the case of a patient whom I have recently discharged. The ratiocination by which this case was revived in memory it would be tedious to unravel; suffice it to say that the "union of mind and matter," and the old anatomist's location of the exact seat in the base of the brain, whereon the "anima" or "psyche"

bestrode the saddle, to which the reins were attached, to guide the complex vehicle of the human organization,—all floated dimly across my mind, "reminiscences of my student investigations." The brain was always, by early physiologists, and is by present old women, clothed in a panoply of the "immaterial presence."

What others may have from experience learned, I am convinced that the *anima*, *psyche*, or immaterial portion of our "complex organization" is equally present in the case of the minutest capillary as in any portion of brain. The brain is only a "*receptaculum omniun virum naturæ immaterialis.*" But I am not about to theorize, (Professor Tyndall does enough of that,) as a country practitioner has little time to toss polemical balls. We take patients as we find them, learn from their locations, habits, business occupation, *& omnibus rebus*, the particular drain on their economy, "material and immaterial," to which they are subject, and from our professional repertory of taught and intuitive (if you like) knowledge, apply in a common sense way, assistance to "violated nature," *i. e.* vital force diverted from its even channel by disease or injury.

Without further peroration I will curtly give the details of a serious injury to the brain of one Matthews. This patient, a boy, æt. 12, while viewing the gambols of some fiery steeds on a field, himself perched on the fence, was precipitated by the breaking of the top rail, which he bestrode, amid the "stud." He remembers nothing more, than a concourse of horses around him. Some time after (the interval unknown) he was found lying insensible in the field, covered with blood. He was brought home and I was sent for. Accompanied by my student, R. Tyrrell, I entered the place, and found the patient recovered from insensibility, and vomiting had ceased. After having the head shaved I explored the wound of the scalp with my finger, and found only ONE *of many* lacerated wounds, through the scalp on the right side of the cranium, which extended into the plates of the skull. This one ¾ inch by ¼ inch, extended through both plates of the skull. I directed my student after me to explore the wound, and observed, after the withdrawing of his fingers, a quantity of brain matter follow, perhaps ʒj. This wound was located in the parietal bone, ⅓ from the occiput and ⅓ from the top of the cranium. All other wounds were closed by adhesive plaster, and this kept open. Ordered cold to the head, and prescribed veratrum viride in small doses. Expecting serious results either from primary or secondary effusions, I saw the patient daily for several days. *Not one bad symptom manifested itself.* Brain matter mixed with blood was poured out for four days; then brain matter mixed with sero-purulent matter. There must have discharged under poultices two ounces or more of brain matter. The pulsations of the brain were visible in the contents of the wound for the first seven days; then for a few days visible in the bottom of the wound, and ultimately ceased. The recovery was speedy and complete, not a single bad symptom through the whole process. The local treatment was cold to the scalp and poultices to the wound through the skull; the constitutional was, a few grains of calomel and colocynth, followed by small doses of salts each morning for several days. This with veratrum viride constituted the whole treatment except dressing. After the first ten days all medicines were withdrawn. The boy had been subject to periodical headaches, and these pursued the even tenor of their way during the healing of the brain. Pupils natural, and little or no pyrexia after the third day. Since the wound has healed, the outer plate of the skull for 2 by 1 inches is depressed around the seat of penetration. The lad is quite well, and suffers (as yet) no effect whatever from the accident. I expect none. Should any future developments occur (such as epilepsy or irritability of mind) I will try to resuscitate the above, and will then become physiological.

Correspondence.

To the Editor of the LANCET.

SIR,—I wish, through your columns, to express my opinion in reference to our Tariffs of fees. How it may be in other sections I do not know, but in this district I hear continually the cry, "Your charges are too exorbitant." As a rule I make up my accounts strictly in accordance with the Tariff adopted by the Association, and in cases where the persons are only in moderate circumstances, (the majority, for none or few are rich here), I throw off from one-foruth to a half, but yet, I am said to be extortioning.

This, I assure you, is very unsatisfactory to me indeed, therefore, if the Council or some one would devise a scale of fees, which would be generally satisfactory, or as I think, if our charges were made uniform throughout the Province, and thoroughly published, it would, to a great extent, do away with so much complaining among the people.

It is frequently said to me that Dr. so-and-so only charged me so much (generally about half my charge, after deducting from the Tariff) for perhaps double the quantity of medicine, or for going double the distance. If all were to be guided by the Tariff, it would do a great deal to remedy the fault. For my part, I am heartily tired of hearing such complaints, especially when I have put my charges down to the lowest rate; if it was only occasionally, I would not mind it, but it is the general complaint. Hoping you can devise a remedy, I am, Sir,

Yours respectfully,

J. ADAMS.

Gravenhurst, Sept. 11th, 1874.

To the Editor of the CANADA LANCET.

SIR,—In the October number of your journal (page 50) we notice a form for Tully's Powder which is not in accordance with the original. It may be a good one, but ought not to bear the name. We were very much favored by having an intimate acquaintance with Dr. Tully, and were much aided in our pharmacy by personal conversation with him, and by preparing his prescriptions. The following is an exact copy of his form for this beautiful powder :—

℞—Morphiæ Sulph. gr. j.
Camphoræ
Cretæ.
Glycyrrh. rad. aa ℈ j.—M.

Each item is to be very fine and all intimately mixed. In this vicinity "Tully's Powder" has largely taken the place of Dover's Powder. By some it is incorrectly called camphorated Dover's Powder.

If you think it worthy or of importance enough to print the true form, the above will be useful to whoever may wish to follow the author strictly.

The form given in Tully's Materia Medica vol 1, part 2, page 1260, was given to his publisher and is like the above.

Respectfully,

H. & J. BREWER.

Springfield, Mass, Oct. 14. 1874.

Selected Articles.

CLINIC ON CALCULUS OF THE BLADDER

BY PROF. D. HAYES AGNEW, M.D., PHILADELPHIA.

(Reported by D. F. Willard, M.D.)

Gentlemen,—I bring before you a patient who has been complaining for many years of symptoms which are briefly as follows: frequent desire of micturition, straining in performing the act, sudden arrest of the flow, followed after some minutes of expulsive efforts, by a renewal of the stream, pain in the bladder, perineum and end of the penis.

These, as you all know, are distinctively the features presented by a case of stone in the bladder, and yet no one is justified in establishing a diagnosis without a thorough physical exploration of the parts, since stricture, cystitis, enlargement of the prostate, and several other diseases may give rise to a very similar train of symptoms. The steel sound is therefore always to be employed in every case of vesical disease in which the symptoms have been of long continuance. By means of this instrument the presence of a foreign body can be easily detected, unless it is hidden away in some cyst or pouch, formed either by a sacculation of the viscus, or by inflammatory lymph.

The existence of such disguised cases should always be remembered, and a single examination is not sufficient to decide the question as to the non-existence of a concretion. By varying positions of the patient, however, and by different degrees of distension of the bladder, you may usually detect one if present. I would earnestly warn those of you who may be consulted by patients living at a distance, that you do not send them upon their return journey on the same day of the exploration, since cases of "urethral fever," accompanied by chill, flashes of heat, pain, etc., are not uncommon. The best preventive of this unpleasant occurrence will be a full dose of morphia, together with rest in a warm bed.

I introduce a large sound into this man's bladder, and as I now attach a sounding-board of deal wood, the click of a hard body will be heard in every portion of the room. We are satisfied that he has a calculus, and in order to discover its size, I withdraw the instrument, introduce a lithotrite, and by grasping the stone in several positions am satisfied that it is not large. Again, to ascertain if there are multiple concretions, I secure this one in the grasp of the lithotrite and then use it in sounding for others. I discover none. From the click which the stone gives to my instrument, and from its surface, I should judge that it was largely composed of uric acid, a fact which can be further established by testing his urine, which in such a case should be acid, and throw down a deposit of urates.

Were the urine alkaline, with large phosphatic deposits, we should infer that at least the covering of the concretion consisted of phosphates.

Again, oxalate of lime may be discovered in the urine, but a mulberry calculus is not often difficult of diagnosis upon contact with a sound. Stones, however are frequently mixed in their composition, the nucleus differing from the covering, or the several salts being deposited in alternating layers. An educated touch will soon detect the differences in the various forms, almost as soon as struck.

I have so frequently spoken to you of the cause and method of formation of these bodies, as well as their various composition, that I need not again dilate upon these points. The most important question is as to the method of relief. The two operative modes of treatment are lithotomy, and lithotrity or lithontripsy. The former you have seen me frequently perform in this amphitheatre, and know that is my favorite procedure ; but the latter is certainly a valuable operation in a certain number of cases, and it is the plan which I shall pursue in this instance.

In giving lithotrity the preference in the present case I am influenced by the age of the patient (73), by the large and healthy condition of his urethra, by his freedom from renal disease, and by the probable soft nature of the calculus. These are the chief determining points in deciding this question. His age is such as to render any operative procedure somewhat hazardous, but lithotomy at this time of life is quite liable to be followed by a fatal result, and lithotrity is certainly preferable if at all possible. Of course, it may be followed by a low form of cystitis, and is frequently complicated by enlargement of the prostate, but these are conditions the risks of which must be undertaken, since this stone, if left to itself, will certainly produce serious consequences.

In young children the two operations admit of no comparison, lithotomy being almost uniformly successful, while lithotrity is difficult and dangerous, from the small size of the outlet for fragments, and from the irritable condition of the parts. From puberty to the age of sixty, the advocates of lithotrity advise that nearly all stones less than one inch in diameter, or falling below one ounce in weight, be crushed, while larger ones be removed by the knife. I am still, however, inclined to believe that lithotomy would yield as large a percentage of cures in the *same class of cases*, as is now reported from lithotrity. It must be remembered that the latter is ordinarily performed under the most favorable circumstances. The stones, small in size, are consequently of more recent date, and are correspondingly less liable to be associated with serious disease of bladder or kidneys, one of the most important of all complications, since most likely to cause a fatal result. Lithotomy is performed upon all classes of cases, after the most favorable ones have been selected for lithotrity ; with old and large calculi, and with numerous coexisting maladies. Is it any wonder, then, that it yields a higher mortality? When we have statistics based upon the comparative merits of the two operations, in precisely similar cases and conditions, then and only then can we arrive at a truthful conclusion. Do not understand me that I am opposed to the operation, for I am decidedly favorable to it. I am only defending lithotomy from unjust comparisons.

An oxalate calculus does not necessarily preclude the crushing operation, provided it is not larger than a bean, but one of large size will break an instrument. It is liable, also to present very sharp fractured angles. The soft phosphatic form is certainly the most desirable one, although the minute fragments into which it is reduced may form nuclei for secondary formations.

When several stones exist the cutting operation is preferable. I have spoken of the state of the urinary apparatus as determining the choice of operation. With an irritable or strictured urethra, I should decide against lithotrity, unless the former condition could be relieved by the passage of instruments, or the latter dilated to the full extent of the normal tube.

With cystitis, or an irritable bladder, the presence of the sharp-edged fragments is frequently productive of fresh inflammatory conditions which seldom arise after lithotomy. With diseased kidneys, the urine containing albumen and casts, the last mentioned operation yields but one exciting cause of new inflammatory changes, while lithotrity offers several. With sacculated and atonic bladders, the crushing operation is seldom advisable. With enlarged prostate the difficulty of clearing the bladder of the debris following crushing was formerly considered as unfavorable to the method, but with the recent advances in the means of completely emptying the viscus, I do not see that it offers any obstacle.

In the present case I am led to lithotrity, for the reasons which I have above named, and from the fact that the urine only contains a little mucus. The condition of the urine should always receive careful examination before any attempt at operative procedure.

Having decided upon the operation, preparatory means should be taken to obtund the sensibility and irritability of the urethra and bladder, by the occasional passage of sounds, and by rest, alkaline drinks, etc.

In regard to anæsthetics, I avoid them in all cases where the effect of the shock would not more than counterbalance the benefit to be derived from the intelligent sensations of the patients.

I do not inject the bladder as a rule, merely directing the patient to avoid passing his urine for an hour preceding the operation. With the old Fergusson lithotrite this was a matter of necessity, lest the mucous membrane of the bladder be caught

between the blades, but with Thompson's instrument, in which the female blade is made wider than its fellow, I see but little danger if due care is used. This Thompson's lithotrite, which you here see, is a most excellent instrument; the male blade is easily slid upon its fellow, and the other mechanical arrangements are nearly perfect. The blade is made from a solid piece of steel, and not by being bent into position from a straight bar. Any instrument, however should be thoroughly tested by being made to crush large fragments of stones previous to its use, since the breakage of the arm would be an unpleasant occurrence in the middle of an operation. Such an accident would render lithotomy at once necessary.

The best lithotrity position is at the foot of a hard bed or low table, in such manner that the operator can stand between the knees of the patient. In cases of enlarged prostate the hips should be considerably elevated, in order that gravity may cause the stone to escape from its hiding place at the base of the bladder.

If you will watch the introduction of this well oiled instrument you will see that it is easily accomplished in the normal urethra, but if the canal was narrowed at the membranous portion it might be quite difficult. Any hindrance at the prostate could be relieved by a finger in the rectum. Once entered, the work of seizing the stone is commenced, a procedure which is sometimes easy, but frequently quite difficult. For myself I prefer only a very moderate distention of the bladder. When the lithotrite comes in contact with the calculus, the blades are opened, and the body is made to fall between them, when it is grasped and fastened. Thompson lays down certain rules to be observed in this search, which may be of service when the body cannot be easily found, but as a rule you can be best guided by the point at which the instrument is impinged upon. These groping positions he names "vertical," right and left inclined," "right and left horizontal," "right and left reversed inclined," and "reversed vertical." A finger in the rectum will sometimes lift a stone from its bed and bring it within the grasp of an instrument, but the difficulties of seizure are not ordinarily very great.

I now rotate the instrument to assure myself that it is free from the mucous membrane, and then slowly turn the screw until the stone yields. Some advise the rapid movement, in order to percuss the stone and split it, but I prefer the slower crushing process. The blades being run down together, one of the fragments is seized in the same manner as at first, and the breaking process repeated, the length of the sitting being regulated by the amount of pain and irritation developed. This old man, as you see suffers from the pressure of the instrument and from the manipulations, and we will not, therefore, prolong the process beyond breaking the stone and one or two of the fragments, preferring to leave the remaining necessary operations to a subsequent time, rather than to light up an inflammation which might prove most disastrous. The stone crumbles easily, and as I now close and withdraw the blades some minute fragments of a soft uric acid stone are removed, with but little blood.

The patient will be at once placed in a warm bed, and suppositories containing two grains of opium and one quarter of a grain of ext. belladona introduced into his rectum. He may drink liquid in full amount, but must not be allowed to rise while passing water, for the first forty-eight hours, lest some fragment fall forward and become lodged at the neck of the bladder, or in the urethra, and add to the irritation. In the event of such an accident the attempt may be made to return the fragment to the bladder, by means of a catheter, or by full injections, or it may be coaxed forward by urethral forceps, or a short-bladed lithotome. These failing, and the suffering great, the knife must be used to cut directly down upon the body.

In this case I have broken the stone so finely that the debris will probably soon begin to pass away, although we shall not permit the man to strain at all, preferring that the fragments become a little "water-worn." In order to pulverize the remaining pieces a second operation may be performed in from three to six days, according to the amount of irritation produced, but I prefer to wait a longer time, unless the patient is in haste for a cure. In some cases vesical tenesmus may occur, either from the excitement of a slight hemorrhage, or on account of an excessive irritability. Should this occur the morphia must be increased until all pain is relieved. The diet should consist of milk, eggs, and beef tea.

Should the bladder prove unable to expel the fragments, either from previous atony or resulting partial paralysis, or from enlarged prostate, it may be thoroughly washed once a day, through a catheter having a large eye upon its concave surface, or by Clover's or Dittel's apparatus. The fragments may also be extracted by suction, a bottle from which the air has been exhausted being attached to a catheter fitted with a stop-cock.

As a rule, however, I prefer that the bladder be left to itself as much as possible.

The number of sittings required to completely crush a stone will depend upon its size and composition. If the concretion is hard the first operation will only divide it, perhaps, into two or three pieces, too large to pass the urethra, but in calculi composed of urates, or phosphates, or both, the debris, and sometimes fragments of considerable size, will speedily begin to appear. In some cases, where the several portions seem to form nuclei for new formations, a dozen operations may scarcely complete a cure. This chance of secondary formations is so formidable a one that the surgeon should never dismiss his patient until he is satisfied that

every portion of the detritus has escaped, a condition which must not be inferred by the mere absence of symptoms, but determined absolutely by soundings, washings of the bladder, or by violent exercise. Behind the danger of the retention of a small fragment, moreover lies the constitutional predisposition to the formation of stone, and patients should always be warned of the possibility of return.

In some cases the symptoms of vesical irritation will be greatly increased by the presence of the many sharp-edged pieces, but in others almost immediate amelioration of the symptoms occurs.

In regard to the fatality of lithotrity the best statistics make the mortality between six and seven per cent., but Sir Henry Thompson asserts that he has never lost a case where the stone was not larger than a small nut, the size at which it should be discovered. In larger stones his results are far more encouraging than those of lithotomy, but, as I have already said, we must remember the different conditions under which the two operations are performed.

(The patient six hours after the operation, was seized with a most intense vesical tenesmus, due to the contraction of an exceedingly irritable bladder upon the fragments, and accompanied by almost total suppression of urine for twenty-four hours. A catheter carefully introduced secured no urine, and but little blood. The violent pains were only arrested by large and repeated doses of morphia administered hyodermically. The supra-pubic region was only moderately tender, and stupes and hot fomentations so alleviated the symptoms, that under the use of diuretics, he was greatly improved in thirty six hours, and in a few days the previous vesical irritation had almost entirely subsided, and he was able to retain his urine for six or eight hours at a time. The fragments continued to pass for several weeks, and at the end of that time the lithotrite was again used, and this time with no subsequent unpleasant symptoms. Since that time all the debris has come away, the pain and difficulty in micturition entirely disappeared, and several careful soundings reveal the fact that no fragments remain behind. He now considers himself cured. The weight of fragments passed was nearly one ounce.—De F. W.) *Med. & Surg. Reporter Philad.*

According to the latest returns there are now in Paris 1726 medical men, 179 *officiers de sante*, 734 apothecaries, 453 dentists, 561 midwives, and 528 herbalists.

A high rate of infantile mortality—chiefly of children under one year of age—still prevails in Leeds.

PATHOLOGY AND TREATMENT OF OVARIAN DISEASES.

ABSTRACT FROM THE HASTINGS PRIZE ESSAY BY LAWSON TAIT, F.R.C.S.

The remaining affections of the ovary are those which are the result of increased growth, usually taking the form of cystic degeneration. More rarely the growth is solid, and may be either fibromyxomatous, or, more commonly, cancer. There are no diseases in the province of surgery where more care is needed in weighing every point in the history, every symptom and sign, for the purpose of establishing an accurate diagnosis, than in those classed under the head of ovarian tumors. It is best to make first of all, a mental list of all the conditions that might exist, and exclude one after another until the alternative is left.

From the history alone, no ovarian tumor can be diagnosticated. The rate of increase gives no guide. The details given by the patient as to the region in which the growth was first observed are often very misleading. Tumors of one ovary are often stated by the bearers to have originated in the side opposite to that from which they are found to grow. The menstrual histories are to be almost disregarded in making the diagnosis. With some, menorrhagia, with others amenorrhœa, may occur. It is especially important to eliminate pregnancy, particularly the condition of hydramnios, which the author has known to be treated with fatal results, on two occasions, by tapping. The uterus, in the early months of normal pregnancy, is not unfrequently displaced to one or other side, and has often been mistaken for an ovarian cyst.

For the diagnosis of ovarian tumors, there are various and almost numberless symptoms, the great majority being of little or no consequence for accuracy, and none of them are trustworthy. In the early growth of a simple cyst, symptoms of any kind are seldom met with until the tumor is sufficiently large to be impacted within the pelvis. The growth of dermoid cysts, on the contrary, is often accompanied by intense pain. As a rule, pain is not met with until cystic tumors are large enough, if out of the pelvis, to press on important viscera, or unless the surface undergoes inflammatory change. As it enlarges, the symptoms become more varied and numerous. In the pelvis, its pressure gives rise to dysuria or incontinence, constipation or diarrhœa, and to various neuralgias; in the abdominal cavity, by pressure on the stomach, liver and diaphragm, it often produces nausea and vomiting, distaste for food, &c. Coincidently, there appear indications of great systemic alterations.

Ordinarily, the presence of an ovarian tumor is not brought to the surgeon's notice till it has reached a sufficient size to rise out of the pelvis

and appear as an abdominal enlargement. Sometimes, however, it is necessary to determine the nature of a small pelvic tumor. An ovarian tumor, in this case, will be found to be almost invariably behind the uterus. Usually, this organ can be fixed between the two hands; behind it is, the tumor, and, if the uterus can be moved independently of it, and if the tumor can also be raised out of the pelvis, no doubt need be felt that it is a tumor of the ovary or of the broad ligament; how to determine between these two it is hard to say, nor is it of much consequence.

As the tumor increases in size and rises out of the pelvis, it becomes more difficult to determine that it is not intimately associated with the uterus. It is often necessary to introduce the sound to determine this point; but, as a rule, this ought never to be done at the first examination. It not unfrequently happens that menstruation goes on for a few months after conception, and to assert the diagnosis between early pregnancy and an ovarian tnmor just rising out of the pelvis, at a first examination, is a task which only the rash or the greatly experienced will undertake. Only when it has been ascertained, by manipulation, that the uterus is not enlarged, may the sound be introduced. If then it be ascertained that the tumor is not uterine, that it is rounded, elastic and capable, to some extent, of being raised out of the pelvis, it is almost certainly ovarian. It may be ovarian if fixed, though it is rarely adherent at so early a stage of growth. If fixed, it may be a hæmatocele, an abscess, or a soft tumor growing from bone; previous history, symptoms, and, above all, exploration by the aspirator, will determine these points.

When an ovarian tumor has risen out of the pelvis, and has met with none of the accidents to which it is liable, its diagnosis is easy. Palpation and percussion will eliminate phantom tumors. Fluctuation will assist in determining whether it be uni- or multi-locular. Two conditions must be carefully excluded—cystic disease of the uterus and hydramnios. In the former, the tumor will be found associated with the uterus, the latter moving along with it when moved, and being dragged upwards by it to an extent that ought always to make us cautious.

Solid uterine tumors, besides the absence of fluctation, have in addition two vascular signs not met with in ovarian growths: namely, an aortic impulse, which may be seen and felt, and an enlargement of the uterine arteries, to be felt in the vagina.

Hydramnios generally occurs in twins. Ballottement will assist in determining the different diagnosis between a unilocular ovarian cyst and distended uterus.

If the tumor be found to be not uterine and solid, yet attached to the uterus, and moving it so as to lead to the belief that it is ovarian, we have a choice between a dermoid cyst, a fibrous tumor of the ovary, cancer of the ovary, or a pedunculated fibrous tumor of the uterus. Fluctuation in some part, and its peculiar nodulated character, will betray the dermoid cyst, while fibrous tumors of the ovary and cancer are very rare.

The main difficulties in the diagnosis of an ovarian tumor are met with in the subsequent stages of its growth, between the time when it has risen above the brim of the pelvis, as far as the umbilicus, until it has reached its extremest size. Fluctuation, of so much use at an earlier stage, comes to have a decreasing value. Percussion will generally show, in an ovarian tumor, the characteristic distribution of dulness, though accidental complications may vitiate the value of this sign.

The *tactus eruditus* of a practiced ovariotomist can recognize—when both an ovarian tumor and ascites are present at the same time—that there is a double wave of fluctuation; one superficial and rapid, due to the ascitic fluid, and another deeper and perceptibly less rapid, due to the fluid in the cyst.

The enlargement of veins often seen in the skin of the abdomen in cases of ovarian tumor is of no great assistance as a diagnostic sign. Auscultation gives chiefly negative signs. Tapping, either for the removal of ascitic fluid or the contents of a cyst, is often a great help towards an accurate diagnosis. By the removal of peritoneal dropsy, we may discover the actual relations of an ovarian tumor, or we may find that the supposed tumor has no existence, and by removing the contents of a unilocular tumor, or of one or more of the major cysts of a multilocular growth, we may determine the existence of pelvic adhesions, of pregnancy, or of some other condition that may alter our views as to treatment.

Formerly, great stress was laid on the diagnosis of adhesions, but modern experience has led to a disregard almost wholly of adhesions that are not visceral or pelvic.

A final means for purposes of diagnosis, a *dernier resort* in cases of doubt, is the exploratory incision. The experience gained by the operator from one such case ought to assist him in avoiding its necessity in similar doubtful cases.

Mr. Spencer Wells has characterized the condition of the medical treatment of ovarian tumors as one of hopeless impotence.

The surgical treatment of ovarian tumors has now been simplified into two operations: the minor operation of tapping, which is palliative, and rarely curative, and the major operation of ovariotomy, which is either curative or fatal. Tapping by the vagina is not usually attended with good results.

The proper selection of cases for the performance of ovariotomy is one of difficulty, and can be based on experience alone. In the author's opinion,

there can be only two reasons for refusing to do ovariotomy—either that the case is not far enough advanced, or that the tumor, in all probability, could not be removed. The most unfavourable case for ovariotomy is to be found in a young, healthy woman, with a medium-sized tumor. The rule ought to be to delay an ovariotomy as long as is consistent with the patient's chances of recovery, bearing in mind that it is not the healthiest that recover best.

Presupposing that a proper case has been selected, experience shows that the more nearly the patient's surroundings resemble those of a healthy private house the better. She requires some preparations for the change that is about to be made in her alvine actions. The time of the operation should be about midway between two menstrual periods. As to the anæsthetic to be employed, the author objects to chloroform, on account of the vomiting which follows its use, and he thinks sulphuric ether is not much better. He recommends the bichloride of methylene and the methylene ether. (The writer then goes on to state his method of operating.)

If there be no adhesions, and no large secondary cysts, ovariotomy, thus far, is a very simple operation. The complications and unsuspected difficulties are endless, and tax the presence of mind and ingenuity of the operator. Thus a second dermoid cyst may be found packed down in the pelvis, and it may be very difficult to remove it. For securing the pedicle, Mr. Wells's calliper-clamp is preferred.

Any tumor of the uterus had better be left alone, unless it be markedly pedunculated. If the uterus be enlarged by pregnancy, it must not be interfered with; but if unfortunately punctured in mistake for a cyst it is best to lay it open and empty it.

The after-course of a case of ovariotomy is subject to many mishaps. Of their approach, the temperature curve is the most trustworthy indication. Immediately after the operation the temperature almost invariably falls considerably. To obviate the shock, it is well to place hot-water bottles to the sides and feet, and administer a diffusible stimulant. Advantage has resulted from the practice of giving a subcutaneous injection of morphia immediately after the operation.

For the first twenty-four hours after ovariotomy, the patient is allowed no other sustenance than ice or iced water, and, perhaps, in case of sickness, a little soda-water and brandy, or champagne. Nutriment may be given cautiously on the second day, in the form of chicken-broth or beef-tea, in small quantities, frequently, so as to obviate vomiting. No solid food to be taken till after the fourth day.

In the event of the occurrence of symptoms of of peritonitis, special interference may be necessary, such as opening the recto-uterine *cul-de-sac* from the vagina for drainage. Septic poisoning is no more a peculiarity of ovariotomy than it is of amputations.

Vomiting, a frequent and troublesome symptom, must be stopped, if possible. The most useful remedy in Mr. Tait's experience is Morson's pepsine wine, given in drachm-doses every ten minutes with a little ice-water.

Flatulence is often a distressing symptom, and, if accompanied by a high temperature, is pathognomonic of peritonitis. Milk and lime-water often mitigate it, and the passage of a Burns's tube, as far as possible, up the rectum, will give much relief. Failing that, the author has frequently punctured the distended bowels with a fine exploring trocar, and kept it in for some hours, with great relief. Inflammatory attacks of the chest and diarrhœa sometimes occur. For three or four days after the operation, the catheter should be used every six or seven hours. The bowels should be kept closed by opium for seven or eight days. After the wound has healed, the patient should wear a tight-fitting adominal belt instead of stays; for, in spite of all care in inserting stitches, there is a proneness to the formation of ventral hernia in the cicatrix for many months after the newness of the union has passed off.

The pathology of ovarian cysts involves a number of questions that have been raised and discussed by observers of the greatest eminence, but thus far there are no very satisfactory explanations of the growths. As to the causes of ovarian dropsy, we must confess that we know nothing about them. The most common form, the adenoid or proliferous, and also the rare multiple tumors, occur during the period of life when ovarian cell-growth is mature; the more rare unilocular cystic growths, besides being met with during this period, occur at the extremes of life.

The author has not yet met an ovarian tumor that was unilocular, and he believes that all unilocular tumors in the neighborhood of the ovary are not ovarian, but of parovarian origin. The parovarian consists of a few closed linear sacs, the remains of the tubules of the Wolffian body in fœtal life, which may readily be seen on holding the broad ligament with the ovary and Fallopian tube *in situ*, up to the light. These tubules frequently contain a perceptible amount of fluid, and are frequently accidentally found in *post-mortem* examinations, distended to the size of beans or filbert-nuts. In every truly unilocular tumor, Mr. Tait has found the ovary unaffected, though, on several occasions, he has seen it stretched over the cyst-wall.

Mr. Tait has met with an example of a rare variety of ovarian tumors, the origin of which has been traced by Rokitansky and Ritchie. In the case recorded by the author, both ovaries were affected in their entirety. The tumors were multi-

locular, and had one or two major, with innumerable minor cysts, graduating down to the most minute size. The tumors had the appearance of huge white raspberries. An examination of the contents of a large number of the cysts discovered in every one more or less distinct remains of an ovum. The condition seemed to be an hypertrophy of the ovaries, with arrested development of their contents.—*Boston Medical and Surgical Journal.*

APPLICATION OF THE FORCEPS.

[Dr. E. H. M. Sell, in *The Physician and Pharmacist*, gives the following rules as obtaining at Vienna in the use of the forceps in obstetrical practice :—]

In the application of the forceps, the following three conditions are noticed as essential in the operation :

1. The cervix must be fully dilated and the head through the os and at the floor of the pelvis.

2. The forceps may be applied when the head is found in the vagina, not enveloped by the os uteri, whether it is rotated or not.

In the latter condition the blades should often be opened a little, so as to allow the head to rotate, though it frequently does so with the forceps.

3. In all cases of application of the forceps, the bladder of the woman should first be emptied. Should this be rendered difficult, from the pressure of the head upon the bladder, dividing it into two sacs, we will generally succeed by pushing the head a little up from the pubes.

4. In cases of danger to the child, the forceps should be applied, provided the conditions permit.

There is always danger: (*a*) when meconium appears; (*b*) when the mother is exhausted; or eclampsia threatens. When the cervix, however, is not dilated, we must allow the child to die, and then perform craniotomy, rather than run the risk of rupturing the uterus.

We would say dilate the cervix by artificial means rather than do either.

5. When the head remains a long time in the vagina and does not advance without any apparent cause.

In the latter part of a delivery the forceps are no traction-instrument, but simply a controller of the birth, allowing the head to come out gradually; should it advance too fast, we must lower the handles, or a rupture of the perineum will be the consequence. Should a rupture be eminent, episiotomy is performed in preference.

A rupture of the perineum is treated by the immediate application of serre-fines, which are usually removed in about thirty-six hours. In case of the rupture extending through the sphincter-ani, a few simple sutures are applied.

In abnormal rotation of the head, we apply the forceps as usual, with this difference, that we do not sink the handles quite as much, and continue our first traction in a horizontal direction till the chin comes under the pubes; when we commence extraction, we raise the handles at an early period to bring the occiput over the perineum, and then by depressing them, the face is born under the pubes.

When there is a caput succedaneum we must push the hand as well as the forceps high up, for the tumor may be large.

APPLICATION OF THE FORCEPS TO A HIGH STANDING HEAD.

In this condition the os uteri is not yet fully dilated, nor the cervix drawn back over the head of the child, which is freely moveable, as it is not yet firmly fixed in the entrance of the pelvis.

In this application of the forceps, which is done only in cases of very urgent necessity, it is very easy for the head to move from side to side, causing the forceps readily to glide off, and may thus do great injury to the mother.

The woman should be thoroughly anæsthetized, and the forceps always applied laterally, guarding the blade with the hand instead of the two fingers, thus avoiding doing injury to the os.

In face presentation at the upper strait, the forceps are especially dangerous, for one blade rests on the calvaria and the other on the chin and trachea. This presentation is often the forerunner of craniotomy.

In forehead presentation at the upper strait, the face usually presents to one or the other acetabulum. In this presentation the forceps are only applied to satisfy the feelings of friends who may be standing by; while we appear to make considerable traction on them, we proceed to perform craniotomy.

We would recommend strong traction to be made, and would expect to be successful in some cases.—*Medical and Surgical Reporter, Phil.*

OXIDE OF ZINC FOR NIGHT SWEATS.—The *Pacific Medical and Surgical Journal* remarks that the most ancient and venerable remedy for night sweats is aromatic sulphuric acid, in infusion of cinchona, serpentaria, or sage. The best of all remedies, however, is this: Oxidi zinci, gr. xxx.; ext. hyoscyami, gr. xv. M. f. pil. x. Sig. Take one at bed-time.

THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

There are differences of opinion about the merits of the meeting of the British Medical Association in as far as concerns the purposes of the scientific investigator who wishes to publish a first report of fresh work or of newly acquired facts, and to raise upon such a basis a careful and patient discussion. And every year the misgiving as to the fitness of the meeting for this purpose is likely to increase. When some hundreds of medical men break away from practice to enjoy a few short August days in a presumably interesting and hospitable town, the centre of an equally interesting neighborhood, they are not in a mood to hear papers of more than a few minutes' length. If they were ever so patient, and there were no excursions and festivals to compete with the scientific business,the crowded programme seems to render *thoroughness* of discussion impracticable. The exigency of the occasion requires that scientific communications be abridged, and that the discussion of them be curtailed so as to make way for other papers, which in their turn have to be pared down to suit the inexorable conditions of time. But this weakness of the gathering, as far as scientific purposes are concerned, does not amount to a proof that it is not of great value to the profession and highly interesting to those who compose it. Whatever the fragmentary and hurried character of the work in the sections, the lucky and for the most part eminent individuals who are called upon to deliver the principal addresses in Medicine and Surgery have a perfect opportunity of emitting any light that is in them, and of stimulating at once the scientific and the practical spirit in the members of the medical profession. And to do the promoters justice, we may say that so long as they can organize arrangements for such Addresses as those we reported last week, and such excursions as were in the programme, they will not fail to command, or deserve to command, large gatherings. He must be a faulty individual who could listen to these addresses, and be in the company of their authors for a few days, without being raised in character, and without having a new belief and pride in the art and science of Medicine.

The Address in Medicine by Dr. RUSSEL REYNOLDS was an eloquent exposition of what we may call the metaphysics of Physic. Those who went expecting the distinguished Professor of Medicine to post them up in the latest truth concerning new remedies, or to give preciser definition to old forms of disease, would be somewhat disappointed with the Address in Medicine. Frankly we may confess to some feeling of this sort, and some regret that a physician of much large and withal special experience did not give a more therapeutic and practical turn to his paper. But the more deeply Dr. REYNOLDS'S address is studied, the more practical its bearings will be found. And we shall not only come out of the study with deeper and larger views of the nature of life and of man, but we shall come out of it better physicians and better practitioners. It is significant to find a physician of Dr. REYNOLDS's special knowledge expressing his belief that we are no nearer than our forefathers to an understanding of the mystery of life, and that we are never likely to get much nearer to such an understanding. Most practical, both in physiological and medical sense, are the remarks of Dr. REYNOLDS on the peculiarity of man and the importance of those higher qualities of intellect and feeling which differentiate him from even the highest animal—qualities which have been intensified by modern civilization to a degree which renders them more and more necessary to be considered by the physician. A clear note of this kind was much needed, and Dr. REYNOLDS was well entitled to sound it. Comparative anatomy and comparative pathology are all very well, but they do not much help us to understand the complex life of man, and the special and subtle influences by which it is constantly in danger of being injured or cut short. Statistics are all very well, but they do not help us much to understand the complex case of the individual men and women and children who come to us daily for relief. A deep reverence for man as such, and a keener interest in individual cases, are the great points which Dr. REYNOLDS impresses on us.

As if by a happy understanding, there was a sharp contrast between Dr. REYNOLDS's address and that on Surgery by Mr. CADGE. Mr. CADGE's address had reference to one definite disease of the most concrete character—that of stone—and its wonderful prevalence in Norfolk. It was altogether admirable. In one respect, indeed, it was deficient and disappointing. Mr. CADGE told us nothing about his mode of operating. Like other operators of the largest experience, he has the least to say. It transpired incidentally that he had performed nearly 200 operations for stone, But with that strange modesty which comes of large experience and great expertness, we hear nothing of his method. An operater who could count his cases on his fingers would have told us exactly where and how and how much to cut. But Mr. CADGE repressed all this wisdom, and showed that he was more bent on elucidating the origin of the stone than displaying his own skill. Like a good physician, he was concerned with the diathesis as well as the disease. He showed how many things have to be considered in forming theories of lithiasis and stone. He raised the dietary of the Norfolk peasantry into a question of the highest scientific interest. He invested milk with a new importance —as an antilithic food; and attributed the striking absence of stone in the children of the well-to-do

classes to the fact that they drank milk. On the contrary, he attributed much blame to the strong, sweet, new beer of which the Norfolk peasant drinks too liberally. He is disposed to believe in the power of the hard water of Norfolk to produce stone. Finally, he thinks there is as much inherent probability in favor of the hereditary transmission of stone as of gout, cancer or scrofula. Let us hope for a statesmanship that will make milk cheaper, and water, not as hard as Norfolk water, the plentiful possession of every poor man. And as Mr. CADGE has indicated to Norfolk and the Eastern Countries how to prevent stone, let us hope that he will soon indicate to the profession how to get rid of it.

We have left no space to notice Sir JAMES PAGET'S exquisite address in the Surgical section. But, fortunately, everybody reads what Sir JAMES says, and his words speak for themselves. If Sir JAMES is proud of Norfolk, Norfolk may well be proud of Sir JAMES. We shall not be so ungracious as to disturb this kindly setting in which Sir JAMES ingeniously and suggestively placed the good old customs of bleeding and mercury-giving. We are still not convinced that it was good practice to turn every case of acute pain into one of acute anæmia, or to administer mercury in nearly every case of chronic disease. We cannot think so ill of these "good old times" as to suppose that syphilis formed a part of the diseases nearly as often as calomel formed part of the medicine. But we thank Sir JAMES most heartily for his fine human portraits of Norfolk worthies, and for detecting, with an instinct as kindly as it is acute, the scientific element that lurked in their heroic practice. Happy the county whose worthies have a pupil so able to do them justice and to perpetuate and extend the fame of Norfolk surgery.—*The Lancet.*

CLINIC ON PROGRESSIVE LOCOMOTOR ATAXY, WITH ANOMALOUS JOINT AFFECTION.

BY T. BUZZARD, M.D., F.R.C.P., NATIONAL HOSPITAL, ENGLAND.

Let me draw your attention to the man who now enters the room walking with the help of a stick. There is a marked peculiarity in his gait, and when you look at his legs for an explanation of it, you observe at once that the greater part of the right lower extremity is enormously enlarged. Examining him, however, more closely, you see that this enlargement fails to account for his peculiar walk, for the left leg, which is not notably altered in size, presents an abnormality in movement which corresponds to that in the right. If we analyse his march, we find the following peculiarities equally well marked in the two legs:—In the first stage of progression the foot, which normally should be carried forwards nearly paraleel to and at a distance of an inch or so from the ground, is raised some inches higher than this, and in a strongly dorsal-flexed position. When it has reached the measure of the step, the heel is put down noisily, and with a sort of jerk, the toes being then gradually brought down from their upward flexed posture, and laying hold of the ground preparatory to a repetition of the process. All this time the patient's feet are turned out like those of the dancing masters of our youth, and his eyes are fixed upon the ground in front of him. When he wishes to turn, he stops short for a second or two, steadies himself, and brings himself round with great caution. He is not able to move in a small circle. He walks best on an even surface, and goes down stairs easier than up, taking care to plant the entire sole of the foot upon the step. If his feet be placed close together when his eyes are shut, he sways to and fro, and would fall but for help, and he cannot take more than two steps without the aid of his sight. His toilette is embarrassed by this difficulty, for he tells us that when he is soaping his face, and consequently shutting his eyes, he is obliged to lean against the wall, or he would fall. With all this, if we try to bend his legs at the knee against his will, or to resist their voluntary extension, we find little or no failure of muscular power.

His condition, then, it is scarcely necessary to say, is one of ataxy, and not of paraplegia. Moreover, the difficulty of co-ordination is not confined to the lower extremities. The patient is a carpenter, and he finds it impossible to use a hammer, for in striking at a nail he constantly misses his aim, and goes to one side or other of the object; and he cannot saw a piece of wood in a straight line.

So much for the disorders of motility. As regards those of sensibility, they are of two kinds—diminution of various kinds of sensibility, and pain. He complains of a feeling of numbness in both feet, extending some inches above the ankles, and also in his hands, principally in the left. The touch of a finger is not felt at all on either sole; in the same situation, however, the contact of ice is immediately recognised, and its coldness appreciated; heat, on the other hand, is more slowly, but still correctly recognised. Electro-cutaneous sensibility is much diminished in the hands, still more so in the legs, and is quite absent in the soles of the feet. The muscular sense is manifestly impaired, for not only can he not tell when in bed in which direction his legs are lying, but he cannot feel the contraction of the muscles of his thighs when they respond to an induced current. This response is normal in the right thigh, somewhat deficient in the left, and very imperfect (probably for a reason which I will mention presently) in both legs below the knees.

The other disorder of sensibility consists in the liability to "flying pains," and these he has had since 1869, the longest interval of exemption having lasted about three months. His last attack of pains visited him on Sunday, Monday, and part of Tuesday. A pain would last perhaps five seconds, and resemble some sharp instrument suddenly pushed into the lower part of the shin-bone. It would recur every five minutes or so during the daytime, and almost entirely deprive him of sleep during the nights. And this has been the general character of his pains, which, however, were worse formerly than they have been of late. Since the commencement of his illness he has always had a feeling as of a tight band arough his waist, and of distension in his stomach.

Although the symptoms described are those common to progressive locomotor ataxy, they do not of themselves suffice to mark the case positively as one of that class, as pictured by Duchenne. To complete the catalogue, there should be some evidence of functional disorder of one or other of the cranial nerves. As is well known, diplopia from paralysis of one or other of the nerves supplied to the external muscles of the eyeball, and amblyopia from progressive atrophy of the optic disc, are the most common forms which these disorders assume. Now, this man has a well-marked squint; and if we had not inquired particularly about this feature of his case, we might easily have jumped to the conclusion that the symptom, as it appears in him, is just that which is wanting to complete the *ensemble* of the requisite conditions. But it seems on inquiry that his strabismus dates from very early childhood, and there is little doubt that it is one of those ordinary squints arising from hypermetropia which are so often ascribed (as he, indeed, ascribes it) to a kind of retribution for imitating a school-fellow with the like affliction. We must, therefore, exclude the strabismus from our calculation. Examination with the ophthalmo scope discloses no change in the optic discs; and the man himself complains of no material weakening of his sight. We do find, however, one cranial nerve which shows symptoms of disorder. For the last few months our patient has been growing deaf in the left ear, and now he cannot on that side hear the ticking of a watch however closely it is applied. Duchenne, Renak, and Topinard have each recorded instances in which the auditory nerve was affected; the latter mentioning seven cases in which he has noted this condition. The feature is a slight one, and not common; but in this case so characteristic are the disturbances of motility and sensibility, that it suffices to complete the picture. I ought to add, too, that his pupils are minutely contracted. For the rest, we note that at various times he has had great delay in emptying his bladder, and occasional incontinence of urine; and that for a long time past he has been impotent. In the earlier part of his illness he suffered from gastric disturbance of a peculiar kind. He would require to relieve his bowels five or six times in the twenty four hours, the motions being small in quantity and solid, and he would besides go more than once daily to stool without result. This irritability of the bowels, although not usually included amongst the phenomena of progressive locomotor ataxy, is a symptom which I have occasionally observed in other cases, but never, I think, occurring so early in the history as it did in this man.

It seems that our patient first began to stagger in his gait about June, 1868. The "flying pains" commenced early in 1869, and in March of that year he began his attendance at this hospital. Under treatment with arsenic he rapidly improved so much that he was able to return to his occupation, which he had been obliged to quit, and he continued to work more or less for his living until December last. Since that time he has not been able to follow his employment, but has attended here regularly.

It was in June, 1873, that he called our attention to his right leg, which he said was enlarged. On examining it, we found the leg swollen and œdematous below the knee. The circumstance after this escaped our attention until the following December, when he again complained very much of this limb. On stripping him, the knee-joint and the thigh for some distance above it were now found to be enormously enlarged, evidently with fluid, and this condition has persisted ever since with but very slight variations of size.

At the present time (July, 1874) the following is the condition of the limb:—The right thigh begins to swell a short distance below the groin, so that at a point eleven inches above the upper border of the patella it measures 17 inches in circumference, as against 16 inches in the left thigh. Descending, the enlargement is more and more marked until the knee-joint is reached, and here the measuring tape applied over the patella gives a circumference of 19 inches on the right side and only 13½ inches on the left. About two inches below the lower margin of the patella the enlargement almost suddenly ceases. The swelling is hard and elastic, the skin of almost polished smoothness, and traversed by large veins. Extension of the leg is perfectly performed, but flexion is somewhat limited. Since the photograph was taken in March last, although the size of the limb has continued the same, you will notice that a curious alteration in its appearance has taken place. The leg now forms an angle of about 45 deg. with the thigh, the apex being inwards—a deformity which is due to subluxation of the joint from the strained and weakened internal lateral ligament gradually refusing its office. That the swelling is not œdematous is evident for two reasons:—1st.

There is no pitting on pressure. 2nd. When the rheophores carrying an induced current of electricity are placed upon the quadriceps extensor muscle just above the patella, where the enlargement is very great, there is immediate and powerful muscular contraction. The electric excitability at this spot is, indeed, much more marked than in the corresponding part of the left thigh. The fluid therefore lies under and not superficial to the muscle, as would be the case in œdema. Lower down, the leg is certainly somewhat œdematous; and there, as you see, the conduction of the current is interrupted by the presence of fluid in the subcutaneous connective tissue, and the muscles consequently fail to act to the electric stimulus. The increased excitability of the quadriceps extensor in the affected limb is doubtless owing to the thinning and tension of the strained skin, favoring conduction to the muscular tissue immediately beneath it. When the leg is rapidly extended, the hand laid upon the knee-joint is conscious of a peculiar scranching thrill. Now it is important to remark that all this accumulation of fluid has taken place without any of the symptoms of ordinary joint inflammation. During the process of enlargement the patient had no pain or heat in the joint; he was conscious only of a gradual increase in its size. At the present time, if he kneels or walks much, he gets a little aching pain extending down the leg; but so long as he does not bend the knee much he has no pain whatever, and the only inconvenience which he suffers is from the weight of the swollen limb causing him to be readily fatigued. There is no swelling of the ankles or feet. As I pointed out before, the action of the right leg in walking is precisely similar to that of the left, but the movement of the joint is limited in the direction of flexion.

Such is the very anomalous joint affection which this patient presents. It is, you will remark, a condition which asserts itself so very prominently that, were this man to present himself for the first time for medical advice, it is more than probable that the whole attention of the examiner would be fixed upon the state of the right limb, and the much more serious general disorder with which the patient is affected would be passed over unnoticed.

It so often happens in clinical medicine that we fail to see what we do not specially look for, that I am constrained to believe that such a condition as this has probably existed (though not, perhaps, to so marked an extent) in others of the somewhat numerous instances of progressive locomotor ataxy which have come under my observation; but it is a fact that I have never before noticed this affection, and my colleague, Dr. Hughlings Jackson, to whom I showed this patient, tells me that it is likewise the first case of the kind which he has seen. This experience, or lack of experience, contrasts remarkably with that of Dr. Charcot, who describes no less than five examples of the kind out of fifty cases of tabes in the Saltpétrière. It is to Dr. Charcot,* I think, that we owe in the first instance the recognition of this peculiar arthropathy, which has been well described also by Dr. Ball. In this country, so far as I am aware, the only recorded case is one described by Dr. Clifford Allbut.†

Dr. Charcot looks upon the affection as one of the multiple forms of spinal arthropathy, by which term he would designate a group of disorders which appear to be directly dependent upon certain lesions of the spinal cord. In his experience the arthropathy in question is always an early phenomenon, occurring between the prodromous period and that of inco-ordination, If it should, however, be late in appearing, it is then always, he says, in connexion with one of the superior extremities, and he attributes this to the circumstance of the sclerosis, which is the cause of progressive locomotor ataxy, frequently invading the upper part of the cord only after the lower part has been for a long time affected. The present case, however, is an exception to this rule, for the symptom in question did not appear until marked inco-ordination of the lower extremities had existed for many years; and it is in the knee-joint—not a joint of the upper extremities—that it has shown itself. Dr. Charcot describes the condition as an extreme tumefaction of the entire limb, composed of (1) a considerable hydrarthrosis; (2) a diffused swelling, for the most part of hard consistence, and in which the ordinary symptoms of œdema are not usually apparent. He remarks that this arthropathy is unaccompanied generally by fever or pain. This description precisely applies to the case before us. You will note besides, that although the knee-joint is enormously distended with fluid, it does not present the appearance of ordinary chronic synovitis, in which the distended capsule of joint projects with marked distinctness in three places—viz., above the patella and on each side of the ligamentum patellæ. There is no such mapping out of the knee-joint in this case; and this is evidently because, in addition to the fluid in the articular cavity itself, there is effusion in its neighborhood. This effusion, as it does not occasion the appearances of subcutaneous œdema to present themselves, is probably beneath the muscles. The affection, then, is a peculiar one, and its pathology is by no means clear. Experience of these cases shows that, with a striking similarity in their onset, their progress varies. In some, at the end of a few weeks or months, the swelling disappears, and the joint apparently returns to its former condition. This is styled by Dr. Ball the *forme benigne*. In

* Lecons sur les Maladies du Systeme Nerveux. Paris, 1873. 2 me Serie.

† St. George's Hospital Reports, vol. iv.

others, on the contrary, grave disorders remain —erosions of the osseous surfaces, creaking movements, various luxations, or even total destruction of the joint *(forme maligne)*. As regards frequency, it is first the knee, then the shoulder, the elbow, hip, and wrist which are apt to be affected ; but the small articulations may also suffer. Several joints may be coincidently involved.

The affection, which in certain respects is suggestive of dry chronic arthritis, differs from that disease, as Dr. Charcot points out, in several particulars : in the large quantity of fluid by which it is characterised, and the fact of the effusion extending beyond the limits of the joint ; in the luxation which is common in the ataxic class ; in the fact that the knee is most commonly affected, not the hip, and that the joint affection of the tabetic patient may retrograde or even recover, which is never the case in dry chronic arthritis ; in the suddenness of the appearance, and rapidity of progress of the disease. On the other hand, it is true that in cases of old standing, when the articular surfaces, deprived of cartilage, have continued to rub against each other, the characters of dry arthritis are observed ; eburnation and deformity of the articular surfaces, with osseous growths on the extremities of the bones.

The existence of articular affections dependent upon preceding lesion of the nervous system is now generally recognised. Such affections have been observed in connexion with lesions of the peripheral nerves, as well as in limbs which are the subject of hemiplegia from hæmorrhage or softening of the brain, in Pott's disease, in acute myelitis, in certain cases of tumors occupying the grey substance of the cord. The fact that the joint affection is exceptional in progressive locomotor ataxy suffices to show that it is not due to the sclerosis of the posterior columns which constitutes the important pathological change in that disease, but to lesion of what part of the substance of the cord its causation must be referred there is at present no evidence to show.

I think it very likely that, as we shall in future specially examine the joints of our ataxic patients, we shall meet with cases of the same character as that which I have described.—*The Lancet.*

HOT WATER INJECTIONS IN UTERINE DISEASES.

Dr. T. A. Emmet (N. Y. *Medical Journal*, July, 1874), in an interesting and valuable article upon the Philosophy of Uterine Diseases, makes the following practical remarks upon hot water as a means of controlling pelvic circulation and imparting tone to the pelvic vessels :

The *prolonged* use of hot water is followed by a tonic contraction of the arterioles, and thus an approach to healthy action. The immediate effect of heat is dilation, the secondary effect contraction. The best method of using hot water to obtain its contracile effect the Doctor describes as follows :

The woman is placed on her back, with the hips elevated by a properly shaped bed pan under her, and a gallon or more of hot water at 98° or a higher temperature, is slowly injected into the vagina by means of Davidson's syringe. This operation blanches the mucous membrane and diminishes the size of the canal, as if strong astringent had been used. While the hips are elevated the vagina will retain during the injection a large quantity of water, which, by its weight, will distend every portion of the canal, so that it will come in direct contact with the mucous membrane, under which the capillaries lie. The vessels of the neck and body of the uterus pass along the sulcus on each side of the vagina, and their branches encircle the canal in a most complex network. The vessels of the fundus, through the veins of which the blood passes by the liver back into the general circulation, communicate with those below by anastomosis.

We can thus, through the vagina, influence, directly or indirectly, the whole pelvic circulation. We can so diminish the supply as not only to check congestion, but we can literally starve out an inflammation. I know from my own personal observation that several of these injections a day at 100° to 106° will abort an attack of cellulitis if resorted to early enough, and their use persevered in, with the aid of rest and anodynes. These injections exercise a most beneficial effect on the reflex system, by allaying local irritation. I know no better means for removing the nervousness and sleeplessness of an hysterical woman than a prolonged hot water vaginal injection when administered by an experienced hand. The injections will frequently soothe a patient in less time than could be done by any drug in the pharmacopœia. To receive permanent benefit from their use, they must be continued until the patient is restored to health. They should be given once a day, preferably at bed time. The only position in which the patient can receive any benefit from them is on the back, with the hips elevated, as described. She cannot administer them properly herself—and I know of no arrangement which can take the place of an intelligent nurse. As the patient improves in health the quantity of water can be diminished and the temparature lowered, until the injections are discontinued from daily use, but for some time they should be employed for a few days after each period.—*Detroit Med. Review.*

It is said that the oxyuris vermicularis, or threadworm, may be readily dislodged from its favorite habitat in the rectum by the injection of from two to three ounces of ol. morrhuæ, repeated once or twice.

ACUTE RHEUMATISM; PERICARDITIS; SUDDEN AND RAPID EFFUSION INTO PERICARDIUM; PARACENTESIS PERICARDII; RECOVERY.

(Under the care of Dr. SHINGLETON SMITH.)

W. L——, aged twenty-five, married; a plasterer. Has had four attacks of "rheumatic fever" during the last three years, but does not know that his heart was affected in any way. Has not complained of shortness of breath, and has had no difficulty in getting about. He has been ailing for the last nine months, but did not lie up till three weeks ago, when pain in his hips came on, and he has been obliged to remain in bed since.

Admitted March 13th, 1874. Complains of feeling sore all over. He is unable to move without pain, but no articular swelling is visible. Perspires freely. Has a depressed expression, and lies on his back Temperature 102·6°; pulse 108; respiration 32. Complains of pain in the cardic region on drawing a deep breath. A friction sound is audible over the base of the heart, and a prolonged blowing sound at the apex. There is no increase of cardiac dulness. The urine has a specific gravity of 1025; it is slightly acid, but free from albumen. Ordered six leeches to be applied to the cardiac region, and to take an akaline mixture every four hours.

14th—Friction sound at the base less distinct. Temperature 101·2° F.; pulse 92; respiration 28. There is slight effusion into both knee-joints, and tenderness about the ankles. The precordial pain relieved.

23rd.—The friction sound still audible. Ordered some blistering fluid to be applied over the base of the heart.

24th.—A loud double friction audible over the whole cardiac area, but no increase of cardiac dulness.

25th.—Was taken suddenly in the night with acute precordial pain and dyspnœa. At midday the pain was unrelieved, and dyspnœa considerable. Pulse small and weak, 130; respiration 44; temperature 100° F. Cardiac dulness extends to the second interspace; no cardiac impulse to be felt; heart sounds scarcely audible; no friction sound. Lips, fingers, and toes looking blue; no impairment of consciousness, but dsypnœa very urgent. Paracentesis pericardii was considered necessary, as nothing short of the removal of the fluid from the pericardium seemed likely to restore the rapidly weakening power of the heart. Accordingly Mr. Charles Steele was called in consultation, and immediately proceeded to perform the operation. One of the larger sized tubes of Dieulafoy's aspirator was plunged through the skin and chest-wall at a spot between the fourth and fifth ribs and half way between the middle line and the nipples on the left side. Several ounces of perfectly clear serous fluid were then drawn off by suction, but the fluid gradually became more and more coloured till it appeared to be mere blood. After ten ounces of fluid had been withdrawn, the tube was removed, and the aperature closed with strapping. The area of cardiac dulness had considerably diminished, and the dyspnœa was much relieved for a few minutes, but the dulness increased again in about ten minutes, though not to the same extent as before the operation, and he still had considerable difficulty in breathing, but the pulse was stronger than before. It was presumed that some hæmorrhage into the pericardium had taken place, as the last few ounces of fluid looked like undiluted blood, and the whole quantity of fluid became a coherent mass of coagulum after standing. In the evening he breathed more easily. The pulse was 124, fuller than before the operation; respiration 44; temperature 103°F.

26th.—Pulse 124; respiration 36; temperature 101°, morning.

28th.—Pulse 116; respiration 32; temperature 100. The left wrist was painful and swollen; he perspired very copiously; pericardial dulness less; respiration easy.

On April 2nd he was free from pain, and slept well. On the 7th he was not so well. Pulse 112; temperature 99·6°. Did not complain of pain; could draw a deep breath without difficulty; cardiac dulness normal; a slight systolic friction sound audible at the base of the heart.

On May 19th he was discharged, the heart's sounds being normal, the area of cardiac dulness not enlarged. He was still weak, and the pulse was rather small, soft, and quick.

On July 6th he was doing his regular work without much difficulty.—*The Lancet.*

A HANDY METHOD OF EXAMINING MORBID TISSUES MICROSCOPICALLY (*The British Medical Journal*, September 5, 1874).—Take a portion of nerve-tissue, about the size of a large pin's head, from a thoroughly defined locality, press it out gently under a covering-glass on a slide, remove the covering-glass, and apply to the mass left on the slide a drop of "Judson's simple (aniline) magenta dye," diluted with eight drops of water; with a needle, mix the dye and the nerve-matter carefully, and cover the preparation with a clean covering-glass, again gently pressing it out to such an extent that light can pass through it. On submitting a specimen thus prepared to the microscope, it will be found that the cells, the nuclei of the neuroglia, and the blood-vessels, are beautifully tinted a deep crimson color, leaving the other tissues almost unaffected. Morbid products are also well brought into view, either by their ready absorption of the dye,

as in the case of amyloid bodies, or by their refusal to take on the tint, as in the case of colloid bodies. Hæmatoidin accepts the color all too readily, but the practised eye soon recognizes its appearance. Pigmentary degeneration of cells is well shown, nucleus and nucleolus being thoroughly demonstrated; the poles can also be traced for long distances. —*Med. Times. Philad.*

CASES OF FRACTURE OF THE SKULL.

(Under the care of Mr. SIDNEY JONES, St. Thomas's Hospital.)

The two following interesting cases of fracture of the skull—for the notes of which we are indebted to Mr. S. Osborne, surgical registrar—have recently been treated at this hospital.

G. M.——, a child, fourteen months old, was admitted into Victoria ward on July 6th, having been run over by a spring cart, which passed over his right leg and then over the right side of the head, causing contusion of the leg and a large effusion of blood beneath the scalp extending from the nape of the head to the vertex. The patient was insensible; the pupils contracted; there was bleeding from the nose, but none from either ear; surface of body cold; breathing rapid; temperature 99·6°. The child vomited on admission, and again at intervals up to 12 o'clock at night. Ice-bag was applied to the head.

July 7th.—Morning; Temperature 100·2°; pupils still contracted; no strabismus; vomiting has ceased; skin warm.—Evening; Temperature 100°; patient quite conscious.

8th.—Morning; Temperature 100·2°; quite conscious; has again vomited several times; no twichings.—Evening; Temperature 100°

10th.—Child sitting up in bed and doing well. A fracture of the skull can now be distinctly felt, in a line with the sagittal suture, extending from the posterior fontanelle to the right side of the occipital bone, a portion of the bone on the right side being depressed. Pulsation of brain-substance discernible. Temperature normal.

28th.—Child shows no bad symptoms. The fracture is gradually closing up.

S. H.——, a child aged three years, was admitted into Elizabeth ward on the 30th of June, having received a blow upon the vertex of his head from the pointed end of a pickaxe. On admission the patient was partially sensible, surface of body pale and cold, pupils slightly contracted, breathing short. Temperature 97·6° Much hæmorrhage of venous character from a small wound over the sagittal suture, communicating with a fracture of the skull in that situation; longitudinal sinus laid open; probe passed within the skull for about a couple of inches, probably through the longitudinal fissure down to the corpus callosum; slight puffiness of forehead. Ice-bag ordered to his head; pad of lint placed over wound.

July 1st.—Morning temperature 99·6°; child quite conscious, and without any bad symptom; slept well during the night. Evening temperature 98·2°

Still going on well. Morning temperature 90.8° puffiness of forehead has somewhat decreased.

19th.—Out of bed and running about.

20th.—Very restless during the night, calling out and being very fretful. Temperature, 9 A.M., 105°F.; quite conscious, but restless and drowsy; no paralysis or twitching; no sickness. Evening temperature 103·2°

21st.—Morning temperature 103·4°; child still restless; no sickness or shivering; wound looks healthy; no hæmorrhage; slight purulent discharge; complains of pain, which is accompanied by swelling behind and below the ears; glands enlarged and tender along the border of ramus of jaw. Evening temperature 102·8°.

22nd.—Morning temperature 98·8°; passed a good night, and is apparently well.

25th.—Puffiness still remains about forehead; swelling in neck has decreased; child sitting up in bed. Temperature normal.

26th.—Morning temperature 98·4°. After having been visited by his friends, and in all probability stuffed with sweatmeats, the patient became very restless toward evening, and had a temperature of 103·8°.

27.—Morning temperature 97°; child is again quite well and bright.—4 P.M.; Temperature 98°.

The patient has since made satisfactory progress.—*The Lancet.*

MEDICAL NEWS AND ITEMS.

FIBROUS ANCHYLOSIS (*Medical Record*, September 1, 1874).—Dr. Louis A. Sayre believes that in those cases of fibrous anchylosis which most closely simulate bony anchylosis, a distinguishing feature is that if movements are made at the joint, and any motion whatever is secured during the manipulation necessary to a thorough examination of the case, it will be followed by more or less of pain within twenty-four hours. For when bony anchylosis is present no movements at the joints can be made, consequently pain will not be produced at the point of anchylosis. This rule will be found to be reliable. The subsequent occurrence of pain in and about the joint, even if there be no apparent motion, will justify measures calculated to give to it gradual restoration of motion.—*Med. Times. Philad.*

EFFECT OF SUBMERSION IN WARM AND HOT WATER.— Dr. F. H. Hamilton (*N. Y Medical Record*, May 15, 1874) sums up an interesting contribution to the treatment of surgical injuries as fol lows : The use of hot water is limited to injuries below the knee or below the middle third of the arm. It is especially valuable in laceration or contsions, inflammations, etc. No treatment observed by Dr. Hamilton has been followed by equally favorable results. The area of acute inflammation is limited, erysipelatous inflammation has been almost uniformly arrested or restrained when it has actually commenced, and it has never originated after submerison; gangrene has in no instance extended beyond the parts originally injured, and, when progressing, it has in most cases been speedily arrested. Septicæmia and pyæmia have not ensued in any case in which submersion has been practiced from the first day of the accident. Purulent infiltrations and consecutive abscesses have been infrequent, and always limited to the neighborhood of the parts injured and of small extent. Traumatic fever, usually present after grave accident, when other plans of treatment have been pursued as early as the third or fourth day, has setdom been present when this plan has been adopted, and in no case has the fever been intense or alarming. The phenomena usually observed in cases of recent lacerated or incised wounds when submerged are, a sense of comfort, yet not absolute relief from pain ; on the second or third day the adjacent parts are swollen, but not so much reddened. The integument usually assumes a white, sodden appearance, and only slight tenderness. On the fifth, sixth or seventh day, the swelling is greater than usually accompanies other plans of treatment, but it is not attended with increased tenderness, and is chiefly in a condition of œdemna At the same time, the granulations are generally covered with lymph, or some exudiate of a whitish color. At the end of fourteen days, the period at which fomentations are substitutes of submersion, the limb is still œdematous, the granulations abundant ; sometimes red, and sometimes covered with the white exudiate.—*Med. Review, Detroit.*

TREATMENT OF FRACTURE OF THE FEMUR BY IMMOVABLE APPARATUS.—Dr. F. H. Hamilton(*N. Y. Medical Journal*, Aug, 1874) makes a valuable and scientific contribution to this disputed subject. The reported cases were treated in Bellevue and other New York hospitals, by himself and friends. The measurements were made both by the doctor and one other physician. The figures given are those obtained by these measurements. Further, the cases are taken without any selection, but in regular order, as they were treated in the hospitals. Thirty-seven cases are reported. Of these, ten are under eighteen, and twenty-seven over eighteen years of age. Of those under eighteen there were three perfect, the others ranging from one-quarter of an inch to one inch and a half shortening of femur. Of those over eighteen one was perfect, the others ranging from three-eights of an inch to two inches short. One case was attended by gangrene and death ; one died from ether, and another was saved from death with difficulty.

Thus, of thirty-seven cases, including ten under eighteen years, there were only four perfect results. The case attended by gangrene, the death from ether, and other minor accidents, fill out anything but an inviting picture for immovable dressings. Certainly immovable dressings must make a better showing, before a sane surgeon can undertake a case of fractured femur in an adult, and expect a perfect result.—*Med. Review, Detroit.*

TREATMENT OF HÆMORRHOIDS.—Dr. William Colles (*Dublin Jour. Med. Sci.*, June, 1874), having under his care a severe case of "bleeding piles" where all former treatment, including applications of fuming nitric acid, had been of no avail, concluded to try injection of perchloride of iron. For this purpose twenty minims of the ordinary tincture were injected into each mass by means of a hypodermic syringe. The injection caused less pain than the nitric acid, and one administration sufficed to remove the hæmorrhoids completely.

DIFFERENCE BETWEEN THE INDUCED AND GALVANIC CURRENTS.—These differences are great, and vitally important in any rational use of electricity. They are well stated by Dr. G. V. Poore, *London Lancet*, May 9, 1874.

Respecting the *galvanic current* is is to be remembered : (1) *It is continuosly evolved*, and *always flows* in *one definite direction*—from positive to negative pole. (2) *It has well marked chemical and thermal effects.* This action is most marked at the negative pole. (3) *It has electrolytic effects*—passed through a compound liquid decomposition frequently results.

Respecting the induced current it is to be remembered : (1) *It is momentary in duration.* (2) *Its direction is constantly changing*—many times in a second, so that in using it no attention need be given to the different poles. (3) *The chemical, thermal, and electrolytic effects are almost nil*, so slight as to be entirely disregarded.

(4) *The intensity and tension of the current are very great*, so that it overcomes, without difficulty, any resistance which the human body may oppose to it. (5) *It causes the contraction of healthy muscles far more effectually than the galvanic current.* This is due to the constant interruptions and greater tension and intensity of the induced current—*Detroit Med. Review.*

Sir James Paget says the best wash for hardening the skin, to prevent bedsores, is one part of sweet spirits of nitre to three parts of water.

At the recent medical congress held at Marseilles, the majority of the doctors present agreed that the best possible diet for children was oatmeal porridge and sweet milk.

OAT MEAL FARINA AS A FOOD FOR INFANTS.—MM. Beaumetz and Hardy recommend very highly the use of oat-meal farina for the feeding of young children. According to these gentlemen, this farina resembles human milk most closely in its plastic and respiratory elements, and contains, in addition, iron and phosphates. It has, besides, the property of preventing or arresting diarrhœa, which so frequently occurs in young children. Some infants of four to eleven months, who were fed upon this farina, were found to grow equally well with those who were nourished by the milk of a good nurse.

THE OBSTETRIC SWING.—The best contrivance is one which I shall venture to call my own, though it may, very likely, have been suggested before. It acts on the principle of directing muscular action, and consists of a sheet twisted loosely in the form of a rope, and tied together at the ends. Put the feet into the loop at the lower end, and push; grasp the other end with the hand and pull; the power exerted in this way is indefinite; it is the gymnastic paradox of trying to lift oneself, and may be practiced, till the sheet or back gives way. Its effect in labor is surprising, and is immensely appreciated by patients. It brings the body muscles into play. It relieves that distressing sense of helplessness, which all women feel, by enabling them to help themselves. It shortens labor. It saves the use of instruments. Allow me to recommend it to your readers.—*Boston Med. and Surg. Journal.*

INTRAVASCULAR murmurs are sometimes heard in the arteries and sometimes in the veins. They are systolic, but sometimes diastolic, in rhythm. In the arteries these murmurs may be strictly localised, or may be audible over every part of the arterial system. In the veins, as a rule, they are audible everywhere, provided certain conditions are complied with, though they are permanently present in certain parts of the body where these conditions naturally exist. Such intravascular murmurs are of the most various significance, and can only be most briefly referred to now. Sometimes they signify serious lesion of the vessels themselves; at others, nothing worse than some slight deformity of the chest, the result of rickets; and at still other times, only an alteration in the condition of the blood itself, which may arise from the most various causes.—" *On the Diagnosis of Disease of the Heart*," *by George W. Balfour, M.D., F.R.C.P.E.* (*Edinburgh Medical Journal, June*, 1874.)

ETHER AS AN ANTHELMINTIC. — Prof. Vegel announces a new application of this anæsthetic, namely, the destruction of tape-worms. The ether is enclosed in a gelatine capsule and swallowed. It soon becomes vaporized in the stomach, (?) and the worm, then becoming stupefied, is easily removed by any of the usual remedies, against which, when awake, it offers strong resistance.—*Journal of Applied Chemistry*, August, 1874.

BELADONNA, ETC., IN INCONTINENCE OF URINE IN CHILDREN.—In a paper read before the Obstetrical Society of Dublin, by Dr. Kennedy, he advocated the following measures for the cure of this complaint:—

1. Training patients to retain their water in the daytime as long as possible.

2. The use of the cold douche.

3. A moderate use of fluids towards night, and a total abstinence from *tea*.

4 The internal use of belladonna in gradually increasing doses, till its specific effects are produced. In referring to the action of this drug he mentioned one feature about it as regards children, namely, their small susceptibility to its action, and that they bear it very much better than adults.—(*New Remedies.*)

SAUSAGES COLORED BY ANILINE.—Aniline red is used to impart to sausages a fresh and healthy appearance. It can easily be detected by the use of alcohol or ether, either which substances dissolves aniline, but not blood. The use of aniline red is severely reprehensible, not only from the fact that it is known to have caused the illness of entire families who have eaten meat colored with it, but also because, from its mode of preparation, it frequently contains arsenic, and must, therefore, act as a poison.—*Amer. Chemist.*

CHORAL AS AN ANÆSTHETIC DURING LABOR.—(*The Lancet*, February 21, 1874.)—Dr. W. Playfair has found that chloral has the immense advantage over chloroform, when administered during labor, of not lessening the strength or intensity of the pains, while at the same time remarkably diminishing the suffering resulting from them. It is chiefly applicable at a period when we would not think of administering chloroform,—towards the termination of the first stage of labor, before the complete dilatation of the os, and when the sharp grinding pains perhaps produce more suffering and are less easily borne than the more forcing pains of a later stage.

He gives the drug at first in fifteen-grain doses, and then in smaller quantity, increasing the intervals between its administration, and this usually keeps up a full and sufficient effect for hours. It need not at all interfere with the exhibition of chloroform.—*Med. Times, Phila.*

THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BAILLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, NOVEMBER 1, 1874.

LOCAL MEDICAL ASSOCIATIONS.

We again feel impelled to urge upon our readers, the desirability of giving effect to the medical legislation of last session by the formation of Medical Associations. Wherever these associations do not already exist, the members of our profession owe it to themselves to immediately set about the formation of a society. Local Medical Associations are needed for several objects—all intimately connected with the advancement and best interests of the profession. For the cultivation and diffusion of science, for the purpose of friendly intercourse, and for facilitating the fixing of uniform or suitable charges, the Local Medical Association has become a necessity, and can now be made to have a legal existence. Knowing as we do, that many important towns and districts are yet without any association of the medical fraternity, we are compelled to declare that the real value of the medical legislation we have recently obtained in this Province has not been properly estimated, or else it would have been more speedily and generally acted upon. And naturally enough where the advantages of the Medical Act have been passed over, there we find the status of practitioners on the lowest level. A degrading competition takes the place of that true professional self-respect which exacts a proper honorarium for the services of science and skill; and we find conduct only to be expected of hucksters and pedlars, taking the place of that gentlemanly deportment and consideration, which the members of a liberal profession owe to one another. As an instance, we state it on the information of a letter from one of the smaller towns of Ontario, where as yet there is no association of the medical practitioners, that there the effort seems to be to get practice by reducing fees, and cutting under a rival's charges instead of the legitimate method of giving all possible study and attention to the cases in hand in the aim of doing one's duty. Such conduct is very reprehensible. Overcrowded as the profession may accidentally be in some of the towns of this country, there is no reason why the low arts of competing tradesmen should be adopted by professional men. There will be work enough for all to do, at properly remunerative prices, if those who overcrowd our cities and towns will only take the proper steps—say, either by removing to a locality where actual openings exist, or by patiently waiting their time in making a reputation in the place where they commence their career. Nothing can be more generally true than that the public, estimate medical men pretty much as they estimate themselves, and that the cheap man will come to be looked upon as an inferiorly qualified man, and therefore only to be employed in the most trivial cases. The tendency of a lowering competition in medical life, is to defeat the object of those who follow it.

The cultivation of a proper professional spirit, would seem to be greatly needed as a remedy for such a state of things. The true professional spirit can best of all be cultivated, we think, by the influence of medical associations, such as those contemplated and established in a few places under the Medical Act. Hence, we persistently advise their formation, and once more suggest that preliminary meetings should be held in the towns, counties and townships where such associations do not already exist.

MEDICAL EVIDENCE IN CRIMINAL CASES.

We have recently had prominently brought before our notice the gross injustice inflicted on members of our profession, by the absence of any provision for compensating them for their medical evidence, expenses of travel and maintenance, as also for the loss of practice for the time they are kept waiting on the court, in many instances extending to a week. When the subject is brought before the Judges their remarks on the unfairness of the present condition of things is all that we

would expect from the liberal and enlightened men who grace our Canadian Bench, but amounts only to a barren sympathy, unless the unfortunate medico is so necessitous as to be compelled to make the application for out-of-pocket expenses in *forma pauperis;* the Judges can then give an order on the County Treasurer. It is hardly necessary to say that the expenses are never sought by so humiliating a procedure. In criminal cases, attendance is compelled either by the process of subpœna, or the witness is bound over when first examined either by the Magistrate or Coroner, and he is liable for disobedience, to an attachment, or a committal for contempt. In the cases of Medical men, no expenses are allowed, the witness is bound to appear unconditionally. There can be no doubt of the propriety of enforcing the attendance of medical witnesses; there can be as little doubt of the justice of adequately remunerating them. Having briefly pointed out the injustice of the present condition of affairs, let us examine the circumstances essential for affording complete and accurate testimony. The first requisites are veracity and attention; the former is essential for every species of testimony, the latter is particularly so for that of a medical witness, who must not only state truly what he has seen, but his statement should rest on an examination of the facts, without precipitation, and with a knowledge sufficient to prevent him from forming false opinions. The next requisite is memory, but as this may prove fallacious, either from the weakness of the art of perception, independent of inattention, or from the lapse of time, every circumstance in the occupation of a medical man likely to involve legal inquiry, should be committed to writing, which, besides preserving an unvarying record of the fact, enables him to refresh his memory on collateral incidents in proof of the fact in question, by associations which are almost inseparable from it. Besides, written records prevent the possibility of imagination playing the part of memory, a circumstance which is apt to occur when no records of facts are preserved. The last requisite essential in a medical witness is a condition which implies, that strength is added to his evidence by education, and a sense of greater responsibility and more sensibility to honor, than are usually attributed to witnesses with the ordinary level of moral and intellectual qualities. Such being the requisites necessary for obtaining correct and satisfactory testimony from medical witnesses, the attainment of which has involved years of study and a large expenditure of means, is it not a disgrace to the Legislature, that while properly enough compelling the attendance, they neglect to provide adequate remuneration for such skilled testimony? We have six members of our profession in the Ontario Legislature; they can surely have no difficulty, on a proper and temperate representation of this crying grievance, in obtaining the redress we are so fairly entitled to.

THE INJECTION OF PULMONARY CAVITIES.

Professor Pepper of Philadelphia, who contributed a paper to the Philadelphia *Medical Times* in March last, on the local treatment of pulmonary cavities by injections through the chest-wall, has given the results of further experience of this method of treatment in an article in the October number of the *American Journal* of the Medical Sciences. We pass over historical references as to the early suggestions of, and priority in the resort to this method of treatment, to state in abstract, that he uses a very delicate steel canulated needle, like the finest hypodermic needles, but about three inches in length, and an hypodermic syringe capable of holding twenty-five minims. He at first used an aspirator, but now prefers the instrument mentioned. Selecting a point at which the signs of a cavity are most intense, he punctures the chest-wall, previously affecting anæsthesia, by freezing. There is little or no pain except when the filaments of a nerve are pricked, when tingling radiating pains are felt. The time occupied in an injection does not exceed thirty seconds. The depth to which it has been necessary to penetrate has varied in different cases from one and a half to two inches. Prof. Pepper has only used dilute solutions of iodine in ioide of potassium (Lugol's Solution,) and says that the results of injections of iodine have been so satisfactory that he has felt indisposed to use any other substance, though he considers it probable that other substances may be found preferable in some cases. Twelve minims of the liquor iodini comp. are diluted in a drachm of warm water, and of this solution twenty-five minims are injected about once a week. He re-

ports six cases treated in the Philadelphia Hospital, three of which were not benefitted, the other three being considerably improved. He claims that the continuous treatment of lung cavities by repeated injections by means of delicate canulæ may be conducted without hemorrhage, traumatic irritation, or interference with internal medication and hygienic measures. The cases which are best adapted for this local treatment are those where a single, superficial and circumscribed non-tuberculous cavity exists; but even where there is implication of the rest of the lung, or incipient disease of the opposite lung, some benefit may be expected. The mode in which such local treatment does good is chiefly by altering the character of the morbid action in the walls of the cavity, diminishing the amount of purulent formation. as well as the degree of hectic irritation and the danger of constitutional infection. A certain amount of rest is secured for the walls of the cavity by the marked relief afforded to the cough. Further, the treatment favors the cicatrization and contraction of cavities. He finally maintains that this mode of treatment possesses a certain degree of positive clinical value, since, during its use, uniform improvement to an exceptional extent, has taken place in both the general and local conditions of the patient.

In a matter of such immense importance as this question of the curability of lung cavities, the interest of Prof. Pepper's paper will not be underrated. Without being over-sanguine concerning the results as yet incomplete though promising, the experimental tests recorded, warrant a further and extended trial, which the practice will undoubtedly receive.

PRESENTATION.—Dr. Arch. McLay, of Bryanston, Middlesex, was the recipient of a very handsome present of a gold watch, valued at $175, by the good people of the village and surrounding country. On the eve of his departure for Iona, Elgin, a large concourse of friends assembled at the Drs. residence, where a beautiful spread was prepared by his lady. Altogether it was an agreeable affair, and is a token of the high esteem in which the Dr. is held by the people in this vicinity. He carries their best wishes with him to his new home.

MUTUAL BENEFIT ASSOCIATION.—A meeting of the Medical Profession of Toronto was held on the 30th of September, for the formation of a Mutual Benefit Association. Dr. Winstanley was chairman, and Dr. Bridgman acted as secretary. It was moved by Dr. Canniff, seconded by Dr. Pyne, and carried, that this meeting deems it expedient to form a Mutual Benefit Association, and that a committe be appointed to prepare a prospectus to be submitted to the profession for their approval at an early date. Drs. Winstanley, Agnew, and Bridgman were appointed a committee. Moved by Dr. Pyne, seconded by Dr. Rosebrugh, that Dr. Bridgman be authorized to advertize the intention of such an organization in the Ontario *Gazette*, and elsewhere, as required by law. A vote of thanks was passed to the chairman, and the meeting adjourned till the 9th October, at eight o'clock, p.m.

EFFECTS OF CHLOROFORM ON THE BRAIN.—At the late meeting of the British Medical Association, the subject of chloroform-narcosis, was under discussion, and the remarks of Dr. Marion Simms and others were given in support of the view that this condition is due to anæmia of the brain. In reference to this Dr. Bedford Brown in the *Med. Times* (Phil.) for October publishes a letter in which he claims to have demonstrated this fact so long ago as 1860, in a case of fracture of the skull published in the *American Journal of Medical Sciences*. In this case, owing to the severity of the fracture, the anterior lobes of the brain were fully exposed, and the action of the chloroform could be readily seen, and was in his opinion sufficient to establish the fact that cerebral anæmia is the invariable result of the action of chloroform. In view of this fact, it is advised in apparent death from chloroform to place the head downwards while efforts are being made to establish respiration.

PRESERVATIVE FOR HYPODERMIC INJECTIONS.—Dr. McPherson (*Phil. Med. Times*) recommends the following as a preservative for hypodermic injection solutions: chloral hydrate, two grains; acetic acid two drops; distilled water half an ounce. In this menstruum *any alkaloid* may be dissolved or suspended in the usual proportions, and with a certainty of its keeping for several weeks without change.

ARSENIC IN ASTHMA.—Dr. C. Paul (*American Jour. Med. Sciences*, Jan. 1874,) reports several cases of spasmodic asthma which were greatly benefitted by the administration of arsenic. He says the remedy must be persevered in, until constitutional effects are produced before any benefit can be expected; it should be thoroughly tried. It has succeeded after all other drugs failed. He gives Fowler's solution in from ten to fifteen minim doses, after meals, and in some cases he uses it hypodermically.

RATIONALE OF TRANSFUSION. — It has often been wondered at, that when patients had lost large quantities of blood, the injection of a few ounces should be sufficient to save life. Dr. Dalton, in discussing this subject recently, said he did not think it at all strange. He compared the human system to a machine in which there is a balance-wheel, the object of which is to carry the piston over the "dead point." Without this, if there were much resistence, the engine would stop; so the injection of even a very small quantity of blood, after hemorrhage, when the human machinery was about to stop, might keep it in motion and life.

PARTNERSHIP.—By reference to our advertising columns, it will be seen that Drs. Lizars and Hillary of this city have entered into partnership as operative and consulting surgeons. They have opened an office on King street west, No. 105. These gentlemen have been long in practice, and have had considerable experience in surgery. Dr. Lizars has for many years devoted himself almost exclusively to surgery, and Dr. Hillary was for a long time in the army service.

BOOKS, INSTRUMENTS, &c.—Being anxious to further the interest and convenience of our many subscribers in every possible way, we would take pleasure in making selections of books, instruments and the like,and forwarding them by express. Parties will thus be enabled to save the ten per cent. discount on all cash purchases. Our friends need not feel at all backward in asking any favor that we can bestow in this way.

Olive oil, if administered promptly, is said to be an antidote for strychnia.

PLEASE REMIT.—We enclose bills to all of our subscribers who are in arrears, and earnestly hope they will respond promptly. If any should neglect to remit we will draw upon them through the agency of the Express Office after the 15th inst.

CHLOROFORM DURING SLEEP.—Dr. W. R. Cluness reports in the *Pacific Medical and Surgical Journal* two cases in which chloroform was administered and anæsthesia produced during sleep. One case was that of a girl of eight years, and the other a girl two and a half years of age. In each case a surgical operation was performed. Neither of the patients offered the least resistance or showed any signs of consciousness in passing under the influence of the chloroform.

HEADACHE AFTER DRUNKENNESS.—Byron recommends "sermons and soda water." The *Revue de Therapeutique* says: Take of solution of acetate of ammonia, tincture of bitter orange-peel, syrup of bitter orange-peel, each 20 parts; water 500 parts. To be given in repeated tablespoonful doses.

EPILEPSY.—Dr. Crichton Browne's success with the nitrate of amyl in arresting the further progress of this distressing malady when the aura has once declared itself, justifies the more frequent employment of the remedy in question, as well as this further recurrence to the subject If it should turn out generally efficient, it would in many cases prove a most desirable resort.

COMPLIMENTARY.—A reception was given to Prof. Erichsen, the eminent surgeon and author, by the Medical Department of the University of New York, last month on the occasion of his visit to that city.

He also visited Philadelphia and was the recipient of a complimentary dinner from a number of medical gentlemen, including most of the prominent medical teachers and authors.

DIED.

At St. Hyacinthe, Que., on the 17th of Sept., Dr. Duvert, in the 54th year of his age.

At the Toronto General Hospital, on the 8th ult., in his 33rd year, Henry Strange, M.D., formerly Registrar of the Medical Council.

New Instruments.

APPARATUS FOR TRANSFUSION

The following wood-cut engraving, shows a new form of apparatus for the transfusion of blood, by M Collier (Paris.)

By a very simple and ingenious contrivance the valves which generally form part of these instruments,and which are so objectionable, are dispensed with. The extremity or nozzle of the syringe fits closely in a short cylinder, which communicates on the one hand with a funnel-shaped cup or reservoir, into which the blood is received, and on the other, with the injection tube. There is a lateral opening in the nozzle of the syringe, which corresponds with the opening, at the bottom of the reservoir. When the syringe is filled with blood, drawn from the reservoir, it is rotated one-fourth of a circle so that the lateral opening in the nozzle, shall correspond with the orifice of the injection tube, and the blood is forced on. The syringe is then rotated back again towards the reservoir, and refilled and so on, the movements being effected with the greatest precision. The syringe holds about 10 grammes (154.3 grs) so that the operator can tell exactly, how much blood he has injected. This instrument may also be used with facility for injecting medicinal substances into the veins as in cases of tetanus, and the like, where the difficulty of swallowing fluids is very great. It is exceedingly simple in its construction, and is likely to come into general use.

Toronto Hospital Reports.

Detailed Analysis of the Diseases or Ailments for which patients received treatment, for the year ending Sept. 30th, 1874.

Disease.	Male.	Female.
Acne	1	
Anasarca	4	2
Amputations	16	12
Aneurism		1
Amblyopia Potatorum	1	
Anæmia		2
Alcoholism	4	1
Abortion		1
Asthma	1	1
Anchylosis	3	
Amenorrhœa		2
Abscess	12	5
Albuminuria	7	2
Apoplexy	1	
Abscision of Staphyloma	1	
Bubo	2	
Bronchitis	8	5
Contusion	6	1
Choroiditis, Serosa	1	
Chlorosis		2
Cancer, os Uteri		4
Cut Throat	1	1
Cataract	2	1
Canthoplasty	3	
Constipation	2	3
Cancer	8	6
Cerebritis	1	
Chorœa		1
Catarrh	2	1
Concussion	2	
Cystitis	1	
Colica Pictonum	1	
Condylomata		1
Delirium Tremens	46	3
Dysentery	3	1
Diarrhœa	7	5
Debility	35	14
Distichiasis	1	
Dyspepsia	2	2

Disease.	Male.	Female.
Eczema	3	1
Epilepsy	5	2
Emphysema	2	
Epistaxis	4	1
Empyema	2	
Enlarged Spleen	4	
Epithelioma	4	3
Encephaloid	1	
Erysipelas	6	1
Exostosis	2	
Excision of Eye	5	2
Excision of Hip Joint	1	
Fracture	40	13
" Comp.	3	2
" Comp. Com.	4	2
Frost Bite	10	2
Fever, Typhoid	70	19
" Scarlet	15	12
Febricula	6	3
Fungus Hæmatodes	1	
Gonorrhœa	9	3
Gleet	4	
Goitre	0	1
Gun Shot Wounds	2	0
Gastritis	1	0
Hæmaturia	2	2
Hæmorrhoids	3	2
Hemorrhage	6	3
Heart disease	5	3
Hepatitis	1	1
Hypochondriasis	2	1
Hysteria	0	3
Hernia	6	1
Hemiplegia	7	6
Hæmoptysis	2	1
Hydrocele	1	0
Hypertrophy of Liver	1	2
Hydro-peritoneum	1	1
Influenza	1	0
Iridectomy	7	6
Iritis	4	2
Icterus	3	2
Ichthyosis	1	0
Impetigo	1	0
Insolation	1	0
Keratitis	6	2
Keratonyxis	2	0
Knee joint disease	2	1
Herpes Circinatus	4	1
Luxation	3	1
Leucorrhœa	0	3
Locomotor Ataxia	2	0
Leucocythemia	1	0
Lupus	1	0
Mania	1	2
Metritis	1	1
Morbus Coxarius	4	2
Menorrhagia	0	2
Masturbation	6	3

Disease.	Male.	Female.
Marasmus	2	0
Neuralgia	3	2
Necrosis	7	4
Occlusion of Vagina	1	1
Orchitis	5	0
Œdema	1	0
Pneumonia	8	7
Polypus	2	3
Puerperal Fever	0	2
" Mania	0	1
Phymosis	4	0
Paraplegia	7	1
Psoriasis	2	0
Phthisis	30	14
Pleurisy	4	2
Periostitis	2	0
Procidentia Uteri		4
Peritonitis	2	0
Pediculi	4	3
Remittent Fever	3	2
Rubeola	4	3
Rectal Stricture	2	1
Rheumatism	20	15
Scabies	4	2
Syphilis	29	12
Sycosis	2	0
Sciatica	2	2
Scalds	2	1
Synovitis	2	
Subinvolution		2
Scrofula	1	1
Spinal Curvature	2	
Sprained Ankle	3	
Spasm of the Glottis	1	
Tumor	9	7
Typhoid Pneumonia	4	1
Tetanus	2	
Tracheitis	1	
Tonsillotomy	3	1
Ulcers	30	21
Urethral Stricture	5	
Urticaria	2	
Vulnus	19	11
Vaginitis		1
Vesico-vaginal fistula		2
Varicella	1	1
Variola	3	
Varicose Veins	7	6

Patients remaining in Hospital October 1st, 1873—Males	46	
Do. do. Females	21	
		67
Admitted from the 1st Oct. to the 30th Sept., 1874—Males	626	
Do. do. Females	248	
		874

Total number under treatment at same time—Males	672	
Do. Females	266	
		914
Discharged during the year—Males	521	
Do. do. Females	213	
		734
Died during the year—Males	61	
Do. do. Females	19	
		80
Remaining in Hospital on the 30th Sept. 1874—Males	90	
Do. do. Females	37	
		127
Externs who received medicine and advice gratuitously		5613

P. S.—Patients (not incurables) are admitted on payment of 40 cents per diem, to the general wards; to private wards at $1,00 per day. This applies to patients from any part of the country.

Book Notices.

MATERIA MEDICA FOR THE USE OF STUDENTS. By John B. BIDDLE, M.D., Jefferson College, Philadelphia. Sixth edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

It is only about a year since the 5th edition of this work was issued from the press. The present edition has been carefully revised; some parts rewritten, and much new matter added. The text has been illustrated wherever it appeared necessary or desirable to do so, representing some of the most important plants, apparatus for transfusion, aspiration and atomization. It contains in a condensed form all that is valuable in materia medica, and furnishes the medical student with a complete manual on this subject.

CLINICAL USES OF ELECTRICITY. By J. Russell REYNOLDS, M.D., F.R.S.; University College, London, Eng. Second edition. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This work consists of a series of lectures, delivered by the author during the summer of 1870 in University College, London. They first appeared in the *Lancet;* and they have since undergone revision at the hands of the author. The book contains about 100 pages, and is chiefly devoted to ascertained facts relating to the clinical uses, application and effects of electricity in the diagnosis and treatment of disease. It is thoroughly reliable as a guide, very concise, and will be found exceedingly useful to the general practitioner.

GALVANO-THERAPEUTICS.—A revised reprint of a Report made to the Illinois State Medical Society by Dr. Prince. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This work is somewhat similar in size and substance to the preceding, except that it deals more with the mechanism of the battery, and the practical uses of electricity in the treatment of disease, electrolysis, &c., &c. It has been very favourably reviewed by the American medical press. It is an excellent résumé of the present state of the science and its application to disease.

WYTHES POCKET DOSE BOOK. Eleventh edition, revised and improved by Joseph H. WYTHES, A. M., M.D. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

LIGATION OF ARTERIES. By Dr. L. H. FARABEUF. Paris. Translated by John D. Jackson, M.D., Danville, Ky. Philadelphia: J. B. Lippincott, & Co. Toronto: Willing & Williamson.

We cannot commend this little volume too highly. Everything seems complete about it. The descriptions of the various operations, and the minutest details necessary, are given in the most clear and concise manner. The woodcuts are well executed, and the whole work does credit alike to the author and publisher. Nothing is omitted that can be of any service to the surgeon. Torsion of arteries is also treated of, and a forceps for this especial purpose deliniated. The author strongly recommends students to make themselves thoroughly familiar in searching for and tying arteries in the dead subject, if they ever expect to succeed well on the *living* body.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By T. GAILLARD THOMAS, M.D., College of Physicians and Surgeons, New York. Fourth edition. Thoroughly revised, with 191 illustrations on wood. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

This work is so well and favorably known to the profession that any lengthened notice is unnecessary. It has gone through four editions within a short space of time, and has been translated into French, German, and Italian. The present volume has been carefully revised, but only a small amount

of new matter has been added. The work still holds a first place as a reliable guide to the diagnosis and treatment of diseases of women. We cannot commend it too highly.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE: A Handbook for Students and Practitioners. By HENRY HARTSHORNE, M.D., Professor of Hygiene in the University of Pennsylvania, &c. Fourth Edition, thoroughly Revised. In one handsome volume, royal 12mo. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This interesting little compendium has now reached the fourth edition. Many parts of the work have been revised and rewritten, and illustrations added where they can be of service. The work has been much improved, and now forms one of the most complete manuals on the practice of medicine in the English language.

THE PHYSICIAN'S VISITING LIST FOR 1875. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

THE PHYSICIAN'S VISITING LIST for 1875 has just been received. This visiting list has been published by Messrs. Lindsay & Blakiston for upwards of twenty years, and has met with universal approval by the profession. It is exceedingly convenient, can be carried in the breast pocket, and will save the price of itself 100 times over in a year. We would not be without it under any consideration..

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Interleaved Edition $1.50 and $1.75.

ATMOSPHERIC ELECTRICITY AND OZONE; their relation to health and disease. By GEORGE M. BEARD, M.D. New York: D. Appleton & Co.

NEW METHOD OF TREATING MALIGNANT TUMORS by electrolyzing the base. By the same.

TINNITUS AURIUM, OR NOISES IN THE EARS. By LAURENCE TURNBULL, M.D., Howard Hospital. Philadelphia: J. B. Lippincott.

DEAF-MUTISM, AND THE METHOD OF EDUCATING THE DEAF AND DUMB. By the same.

THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES for Oct., 1874. Edited by ISAAC HAYS, M.D. Philadelphia: H. C. Lea.

THERAPEUTICS AND MATERIA MEDICA. By ALFRED STILLÉ, M.D., Professor of Practice of Medicine, University of Pennsylvania. Fourth Edition, thoroughly revised and enlarged, in two volumes. Philadelphia: H. C. Lea: Toronto: Hart & Rawlinson.

CLINICAL LECTURES ON VARIOUS IMPORTANT DISEASES. By N. S. DAVIS, M.A., M.D., Prof. of Practice of Medicine, Chicago Medical College. Second Edition. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

MISCELLANEOUS ITEMS.

OZONE.—Dr. Lender ozonises chambers very successfully by means of a mixture of the protoxide of manganese, or of the permanganate of potash and oxalic acid. Two spoonfuls of this powder, moistened with twice the amount of water, and a trifle more of water every two hours, emits ozone freely. Gold and silver, however, excepted, it oxidises metals rapidly.—*Archivio di Medicina Chirurgia ed Igiene.*

ON THE PROPERTIES OF MUSCARINE.—M. Prévost directed the notice of the *Societe de Biologie*, 18th April, to some physiological properties of muscarine, the alkaloid or glucoside of *Ammanita muscaria*. It is a very violent poison. It arrests the heart in diastole, unlike digitaline, which arrests it in systole. Schmiedeberg indicated its antagonism with atropine. Muscarine increases the flow of saliva, *directly* exciting the salivary glands. It excites the lachrymal glands, also promoting the flow of tears. Atropine will check the salivation induced by muscarine.

TREATMENT OF TYPHOID FEVER.—Dr. Compin, finding it difficult to reconcile patients and their friends with the practice of cold immersion in fever, had recourse to the pardonable artifice of adding a few drops of phenic acid to the water beforehand. This premised, he practised aspersion over the entire surface with the utmost advantage, thus lowering the fever, and inducing such relief that the sufferer himself was anxious for its repetition in a few hours. The patient and his friends ascribed the relief to the phenic acid, and the practitioner had the satisfaction of securing the great advantages of cold aspersion without running counter to their prejudices.—*L'Union Medicale.*

ACQUITTED.—Dr. Nash, of Pictou, who was charged with being implicated in an abortion case, has been honorably acquitted.

THE CANADA LANCET:

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VII. TORONTO, DECEMBER, 1874. No. 4.

Original Communications.

ON THE TREATMENT OF DROPSY BY BALSAM OF COPAIVA.

BY A. F. FALCONER, M.D., SHERBROOKE, N.S.

In directing attention to the remarkable diuretic action of this drug, in cases of *dropsical* effusions, I do not claim to have made any discovery, but having been struck with the rapidity and completeness of the removal of serous effusions, by its use I feel justified in bringing its peculiar virtues particularly before the profession. Feeling confident that but few practitioners of medicine, have given it a fair trial in ascites, and that, too often, after having been disappointed by the use of hydragogues, they have had recourse to the trocar, when a simple and effectual remedy may be found, that will achieve the desired result without pain or exhaustion to the already debilitated patient. I have been induced to call attention to the success of the copaiva treatment in dropsical cases, in hopes that a more extended trial may establish its reliability, and secure for others, results as gratifying as they were astonishing to me.

Passing by cases of cirrhosis and chronic peritonitis, with their accompanying effusion, in which after re-accumulation after tapping, I have succeeded in not only diminishing, but completely removing the fluid by the use of the balsam. I will refer to one case, viz., ovarian dropsy, seldom regarded as being amenable to medical treatment, but which, thanks to copaiva, is to-day completely removed, and the patient enjoys better health than she has done for years. Dr. Austin Flint says of diuretics, as a class, that "it is difficult to obtain much effect from them in hydro-peritoneum," and also of the prolonged use of hydragogues "that they are liable to do harm," but never having used hydragogues but in one single case of ascites, I will say of copaiva—as belonging to the "class" of diuretics—that in my hands it has earned the title of diuretic *par excellence*, as it has never failed in promptly and effectually removing the serum, through the medium of the kidneys, with the exception of one case—chronic albuminuria. Its distinguishing diuretic properties, so mild yet so certain, obviating the prescribing of elaterium gamboge, &c., the operation of tapping and ovariotomy, should, in my opinion, give this drug a place in the materia medica which it has never enjoyed, as an active and efficient agent in dropsy, functional or inflammatory.

Mrs. James Stewart, of Melrose, æt. 35, mother of five children, called on me in July last, and informed me that she had consulted Dr. McDonald, of Antigonish, and Hon. Dr. Parker of Halifax, who pronounced her case to be ovarian dropsy, and proposed paracentesis as the only alternative, for without an operation "she must die sooner or later."

I found her considerably enlarged, but not suffering much inconvenience from pressure on the heart or lungs, although the cyst—monocyst—extended from the pubes to the ensiform cartilage. Appetite small, bowels constipated, no symptoms of peritoneal congestion or local inflammation, but had a sense of burning in the right illiac fossa, which, with the increase of measurement, from the ant. sup. spin. process of the ileum, to the umbilicus, would seem to decide the question of the right ovary being the affected one, and giving origin to the cyst. No glandular enlargements, œdema, varicose veins, or any indication of pressure on venous trunks. Respiratory, circulatory, nervous and digestive systems apparently healthy, and hence the idea of cancer of the ovary I rejected as being improbable. Percussion and auscultation corroborated the idea that this was a case of simple uncomplicated cyst without uterine adhesions, or in fact adhesions anywhere. From her statements I concluded the disease to have been developing itself gradually for months before its discovery. Believing that she had no ascitic fluid in the peritoneal sac, and accepting the diagnosis of Drs. Parker and McDonald, that it was "ovarian cyst, and could only be treated by an operation," I hesitated to prescribe any medicine, but remembering the *sharp* action of this drug in several cases of

ascites, I determined to give it a trial in connection with Fer. et Strych. Cit., and at the end of one week a marked change in her appearance was observable, and in the short space of three weeks, the dropsy was entirely gone, the appetite returned, and the general health at present, Oct., 27th all that can be desired.

Judging from former cases, treated by this drug, and which have not recurred, I feel sanguine about the non-appearance of the effusion in the case of Mrs. S., but, even if it should, is not the easy and certain removal of the fluid by this means much more preferable than the painful, alarming, and sometimes dangerous operation of tapping a delicate nervous patient? In every case of ascites or ovarian dropsy I would strongly advocate the use of this diuretic before any operation be performed, feeling assured that its speedy, and in many cases, its permanent effects will surprise the physician, racking his brain to discover a sufficiently powerful drastic or active diuretic that will not further exhaust his patient, and yet prevent the necessity for repeated tappings. In connection with chalybeates, exercise and warm clothing I do not hesitate to say this medicine will, in ascites, supplant the trocar and canula, while in cases of ovarian cyst it will be found deserving of a more extended trial than has ever been accorded to it.

Correspondence.

To the Editor of the LANCET.

SIR,—While agreeing in the main with Dr. Mackinnon's article in your last number, it seems to me that he is inclined to a great extent to ignore the fact that "beef tea" is of very great and real value in those conditions of the system in which the powers of assimilation are much reduced or almost absent. I am not now speaking of the so-called extracts of meat, which are little if any more than the mere flavoring principles of the meat, and though of use as nerve stimulants possess scarcely any nutritive power. But beef tea besides these does, I believe, if properly made, contain a portion of the fibrin of the meat in a state of partial solution, or rather suspension, the finely divided coagulum usually present, consisting probably to a great extent of syntonin and albumen coagulated by heat, and this though insufficient to maintain life in a man, all of whose functions are vigorously performed, does in a great measure assist in doing so in one whose voluntary muscular action is nearly *nil*. Besides in a large majority of cases where beef tea is almost the sole aliment given, as in the advanced stages of the adynamic fevers, the question is between giving that with a small quantity of farinaceous food, or depriving the patient altogether of food, and in such a case even Dr. Mackinnon himself would not, I think, hesitate to cast his theory to the winds, and give that which the universal experience of medical men long before Liebig's time has found to be of value.

I may here notice, though I should have done so before, Dr. McKinnon's comparison of beef tea with coffee, apple dumplings and potatoes. In the case of the coffee the substance itself consists of cellulose (which is totally indigestible) combined with a small proportion of volatile active principles which whatever their stimulant power, have certainly no nutrition beyond the doubtful one of lessening the rapidity of the change in the tissues. In apple dumplings and potatoes the starch of which they consist is so confined that the boiling water has no power to rupture and dissolve the grains, and in the former the soluble parts of the apple are also confined, so that the apple dumpling tea, or potato water is nothing but water containing a minute quantity of starch in suspension. From beef on the other hand, the water extracts the flavouring matter and the albumen, unless the product be boiled and filtered (neither of which should be done) when the latter is of course lost.

Further Dr. Mackinnon seems to have adopted Liebig's old division of all food into tissue forming or nitrogenous, and heat producing or non-nitrogenous, and that all food before being utilized must be first converted into tissue, neither of which propositions has, I think, been sustained altogether by subsequent experiments by Parkes, Fiske and Wislicenus, and others, which seem to render it probable that but little of the food ingested is ever converted into tissue, but is utilized for the production of heat and force at once; the excess of nitrogen being separated and excreted in the form of urea, and the remainder bearing much the relation to the tissues that the fuel does to the engine it indirectly sets in motion. If this be so, the use of administering alcohol, starch, in the form of arrowroot, &c., and other easily oxidizable foods,

although non-nitrogenous, is to a certain extent explained, as they supply the means of maintaining the exalted temperature usual in persons, with the least possible waste of tissue, the loss of which we are to a great extent prevented from supplying during these diseases, owing to the tissues being unable during the continuance of the morbid state to assimilate the foods which are necessary to maintain a state of health. Beef tea, as a nervous food and also as containing a small quantity of nitrogenous material in an easily assimilated form is thus of great use, as are also the other meat soups, as chicken, mutton, etc., especially as it can be administered in considerable quantity when even eggs and milk cannot be retained; at the same time it would be folly to give it to the exclusion of these when they can be digested.

Dr. Mackinnon, therefore, while no doubt strictly correct in most that he says, is, I think, in error in deprecating the present free use of beef tea, and by his article would lead some to suppose it to be useless, and to deprive their patients of that which, even if its value has been exaggerated, is yet vastly better than giving nothing at all, and allowing the patient to sink without our making any attempt to give food, because what we would like to give cannot be taken.

H. J. SAUNDERS, M.D., M.R.C.S., Eng.

Kingston, Nov. 17, 1874.

To the Editor of the LANCET.

SIR,—I have stated in the number of this journal for last July that beginning with nursing sore mouth, dyspepsia, and dysentery, I gradually found that the search in which I was engaged was one of much wider scope than a remedy for these; that it extended to the class of diseases having their seat in a tender or ulcerated state of the mucous membrane. If this appears to be utopian must we fall back upon its opposite, and say that there is no general principle to guide us, that each disease stands alone, and unconnected, and that a tender and ulcerated membrane in one cannot be cured by medicine, which cures a similar condition in another. In what way then are the numerous cures obtained by others as well as myself to be accounted for? How did it happen that a remedy for dysentery was found to be suited to scarlet fever, typhoid fever and croup, diseases differing widely in their symptoms, but agreeing in an affection of the mucous membrane? It cannot be doubted that had not the constituents of the medicine been decided by observations of other diseases, the rapid course of croup would have been an effectual obstacle to any investigation based on it alone. Following the same argument, how did it happen that in constructing the medicine an addition which gave distinct evidence of gain in one disease of the mucous membrane, gave similar evidence in all others in which I had an opportunity of trying it, and that a retrogression in one was a retrogression in all. Hence, if these observations are correct, the important conclusion follows that the remedy for a terribly rapid and fatal disease may be studied in another of the same class, where time is of no importance, and life not imperilled.

As in scarlet fever and croup the constituents of the medicine were determined before I had an opportunity of trying it in measles. The child who died after passing through scarlet fever (see *Lancet* for Dec., 1873,) had just recovered from a severe attack of measles. When I first saw her the eruption was dusky red, there was great apprehension, and a fatal termination supposed to be near. Two grains of the squill combination without opium were ordered to be given thrice daily; next day I found her at play in her bed-room, and in twenty-four hours she had in a great measure the aspect of health. Other severe cases of measles have been treated successfully, and I have no failures to record.

Dr. MacIntyre, of Hespeler, was called to a case of great danger on the second day of the eruption; this had a dusky red colour, the face was swollen, eyes tender, and the secretion of tears copious. Pulse 150; the age being eighteen years; some delirium; nearly sleepless for the two preceding days; breathing oppressed, and frequent dry cough. Four grains of the digitalis combination without opium were given, and were speedily followed by long and sound sleep. Next morning pulse 106; no delirium; swelling of face greatly reduced; eyes able to bear light; and cough much lessened. Other four grains were given, and by evening all the symptoms were farther improved; a third dose was followed by a sound night's sleep, and a fourth completed the cure.

Confirmatory of your suggestion in the Sept. *Lancet* that "in malarious districts the addition of

quinine will be found servicable," I send the following from Dr. Aylsworth, Collingwood, being the only communication I have received on this subject. The first letter is dated September 1st, 1874. "Lately I used your medicine in a very severe case, in which shortly before I was called the patient had fainted from pain and weakness; the stools were entirely blood. After I saw him he neither had pain nor stool until his bowels moved naturally. Previously to my seeing him he had been ill for some days, and under the care of a physician." The second letter, dated Oct. 28, says, "your remedy has never failed in giving relief for the time, but cannot in all cases be depended upon for a cure, owing to the character of our location. As a general remedy it is the best I have ever used, nothing else being necessary in many cases." In his third letter, Nov. 6th, Dr. A. says, "I found that although I had nothing better for checking the bowel complaint than your remedy, yet to effect a cure, the site of the town being very flat and sandy, quinine had to be given." I suppose that this statement is to be qualified by that in the preceding letter, the meaning therefore being that although in many cases nothing else was necessary, in others quinine was required to complete the cure.

The "exceptional cases," which came under my own notice, and yielded readily to the strychnine combination had, not, I am satisfied, any connection with malaria. Ague is now one of the rarest of diseases in Galt, and when seen has generally had its origin elsewhere. For my purpose it is sufficient to prove that there are cases that resist both the digitalis and squill combination, and are readily cured by the strychnine without quinine. In last July number several such are given, and I have since seen a few more. Dr. Aylsworth's words imply that in a malarious locality the attacks were mitigated, but that a cure seemed distant till quinine was given; in the "exceptional cases" not depending on malaria, no mitigation follows the administration of the two other combinations, which occasionally seem even to do harm, producing unpleasant narcotic symptoms; the strychnine combination, however, speedily brings about a change for the better. A suspicion has crossed my mind that there may be cases benefitted at first by the digitalis or squill combinations, but bye and bye requiring a change to the strychnine.

WM. KERR.

Galt, 12th Nov., 1874.

Selected Articles.

ON A REMARKABLE CASE OF TRISMUS.

I feel that but little apology is due for my thus bringing under the notice of my professional brethren the principal features of the following case, which I took upon as the most remarkable one that hitherto I have met with in the practice of my profession.

E. L., a married woman, æt. 52, was admitted into the Meath Hospital under my care on the 24th day of July in the present year. The symptoms under which she laboured were as follows: Her jaws were firmly locked together, and could not be separated either voluntarily or by any amount of force which I considered justifiable to use, even to the extent of admitting the introduction of a spatula, and this state of rigidity was equally well pronounced both while the patient was asleep or awake. In the situation of the right temporo-maxillary articulation was an immovable tumour of the size of a pigeon's egg, giving on digital examination, a cheesy-like sensation; the sternal attachment of the right sterno-cleido-mastoid muscle was remarkably thickened, fully six times as large as that on the left side, communicating to the finger the same cheesy-like sensation; whilst under the right clavicle were two tumours apparently similar in character to that over the temporo-auxiliary articulation, but much smaller in size, not being larger than a hazel-nut, and under the left clavicle were two others of similar character, but still smaller in size, not being larger than a marrowfat pea. Upon the surface of the chest the cutaneous veins were visibly enlarged. Her pulse was slightly accelerated; but no difference in volume was observable at the wrists on either side. Her voice was remarkably hoarse, and the act of inspiration was accomplished with very great apparent difficulty, and accompanied with a loud crowing noise, resembling in character but far exceeding in intensity that heard in croup or in the very worst forms of whooping-cough, and perhaps the most remarkable feature in this extraordinary case was that the sounder asleep was this poor creature the louder would be the noise accompanying the act of inspiration, so much so as to disturb the patients at night, not only in the ward in which she slept, but also those in the adjoining wards, which noise was also perfectly audible outside the walls of the hospital even with the doors shut. With all this she would sleep profoundly but never awoke from her sleep refreshed. This noise was so overpowering as entirely to prevent even an approach to anything like a satisfactory stethoscopic examination of her chest, although such was most kindly and most perseveringly essayed for me by my venerated col-

league Dr. Stokes, who pronounced the case to be in his experience, unique. In her general appearance she appeared to be slightly emacia ted ; bu in all other respects save those mentioned she seemed to be in a fair state of health. She had little, if any, cough. The history which we could collect from herself of her case was briefly as follows : About Christmas last she remarked that she was getting hoarse, and fancying that she had caught cold she procured some cough-bottles, which, however, did not do her the slightest good. Shortly afterwards she remarked the tumour seated over the tempora-maxillary articulation, at first small in size, which from that time increased steadily to its present condition. Early in January she experienced difficulty in opening her mouth, and in February the jaws closed tightly, as they are at present, since when she has been obliged to feed herself by coaxing crumbs of bread through an interstice left by the loss of one of her front teeth when a child. There is not the slightest evidence of her ever having suffered from syphilis, all the evidence tending in the contrary direction.

The diagnosis in this case was involved in obscurity. That the temporo-maxillary tumour might have something to say to the production of the trismis could not be gainsaid. Still, I had frequently seen tumours in this situation larger in size, and apparently of a graver character, where, although some difficulty would be experienced in opening the mouth, yet there never was anything approaching the completely lock-jawed condition this poor creature presented. Again, what was the cause of the extremely exaggerated inspiratory murmur, and the diagnosis being so obscure, naturally it was still more difficult to decide upon the line of treatment most likely to relieve the symptoms. After mature consideration the conviction forced itself upon my mind that the "fons et origo mali" lay deep down in the thoracic region—that a tumour similar in character to those to be observed externally had formed internally, and by pressure on the nerves had set up reflex irritation, whence all the symptoms. In a communication such as this, it would be, in my opinion, out of place to enter into a physiological discussion as to the nature and situation of the pathological changes which might result in the production of these phenomena. On a future occasion it may be permitted me to do so ; but at present I must content myself with placing on record facts as they occurred. With this conviction upon my mind, I discarded the idea of tracheotomy, which for a time I had entertained, and determined on making energetic efforts to procure the absorption of the tumour, if such there was. With this object in view I placed her on mercurial inunction, until the gums became tender. No difficulty was experienced in producing this result, and then I placed her on large doses of iodide and of bromide of potassium. After a few weeks of such treatment all the symptoms commenced to ameliorate, the tumours which were visible diminished in size until at last they disappeared. She is now able to open her mouth, to masticate food (chops, steaks, &c.), sleeps tranquilly, and to all outward appearances seems to be perfectly cured. It should be mentioned, as being to some extent supplementary to the proof afforded, by the success attending the treatment, of the probable correctness of the diagnosis that, when the character of the respiration admitted of a satisfactory examination of the chest, I found in the track of the arch of the aorta, on percussion, dullness ; on auscultation, a well-marked murmur, which murmur, however, was not at all detectable over the cardiac region. Both of these signs are so diminishing in intensity as now to be scarcely, if at all, recognisable. In this statement I believe that I shall be fully supported by my friend and relation distinguished Professor Brown, of the Galway College, who kindly examined the case for me this day (October 2nd).

During her treatment she used about six ounces of the bromide and five of the iodide of potassium. The mercury was not employed through the existence of suspicion on my part of any syphilitic complication in the case, but because experience has taught me its value when this used as a preliminary in developing the absorbifacient properties of the iodides, and with this object in view I also occasionally had recourse to the local abstraction of blood by half-a-dozen leeches at a time.

During the treatment of this case I had reason to feel indebted to my resident pupils, Mr. R. M. Blake, one of my apprentices, and Mr. Clibborn, for the zeal and attention with which they carried out my directions, and to the former of these gentlemen I am also additionally indebted for the accurate notes from which I have been thus enabled to summarise this most instructive and interesting case.—*Med. Press and Circular.*

CLINIC LECTURE ON THE TREATMENT OF SCIATICA.

BY THE LATE FRANCIS E. ANSTIE, M.D., PHYSICIAN TO WESTMINSTER HOSPITAL.

* * * If we are to take first the varieties of the disease in which there is the most decided indication for treatment, we shall certainly begin with the syphilitic ; and here I wish to repeat the caution already given as to not accepting too readily the idea that syphilis is out of the question. You will be most tempted to make this mistake when your patient is a lady of good character. But remember that she may have been infected by her husband, and that this may have happened (in conception) without the occurrance of any primary sores. In-

quire carefully in such cases for any history of eruptions o r sore throats, but especially ascertain whether there have been any abortions or still-births. Where the patient confesses that there has been chancre, you must not give up the syphilitic hypothesis simply because a number of years have elapsed with few or no recognizable symptoms of constitutional infection; this is a point which has been copiously illustrated in the valuable researches on syphilitic nervous diseases generally which have been going on during the last twenty years. The line of treatment is quite simple. You administer iodide of potassium in rapidly increasing doses till you reach as much as from sixty to one hundred and twenty grains of the drug, or even much more, in each twenty-four hours. This very rarely fails to produce a rapid and complete cure; but if it should prove ineffectual you may resort to the bichloride of mercury, sixty to eighty minims of the liquor ($\frac{1}{16}$ to $\frac{1}{12}$ grain) thrice a day. Very often it will be advisable to give cod-liver oil at the same time.

In a few cases of clearly rheumatic origin, also, we get a clear indication for treatment: the use of iodide of potassium with bark will usually be found to remove the inflammatory enlargement of the nerve, and give speedy relief to the pain. The prolonged use of Kreuznach or Woodhall Spa water is desirable, in order to render the cure complete and permanent.

In the cases where we have reason to believe that the conjunction of the gouty with the neurotic temperament is exercising a pernicious influence, the chief practical deduction must be that the patient should very sedulously avoid beer and all saccharine wines, and should be very moderate in his total allowance of food, especially of meat and other distinctly nitrogenous foods. The careful and prolonged use of Vichy and Neuenahr water may do great good.

But, after all, the gouty, rheumatic, or syphilitic sciaticas form but a small proportion of the mass of cases which may be encountered in practice. The important question in dealing with ordinary sciatica, is—What am I to do with a disease which is essentially a neuralgia, but which is influenced by the special circumstances connected with the anatomical position and the functions which belong to the sciatic nerve?

In dealing with sciatica as a neuralgia pure and simple, we are fortunately provided with means which will give such immediate relief as will greatly solace the patient, and inspire him with that faith in his ultimate recovery, which is always so valuable to the sick, and especially to the nervous sick. I have already explained how necessary absolute rest of the part is, and you will commence your treatment by arranging a proper couch on which the patient is to lie all day, and by making him understand that he is not merely never to put his foot to the ground (except for absolute necessary purposes), but that he should always lie either prone on his face or (for a few minute's change) on the opposite side to that affected. If he be in pain at the moment of your visit, I advise you to give him a hypodermic injection of one-sixth of a grain of acetate of morphia on the spot. All this is only preiminary; it gives you time to look about you, and deliberately select your line of treatment.

In dealing with simple neuralgias there are four possible main classes of remedies—1, constitutional, which include the regulation of diet and the employment of such medicines as are, in fact, supplementary ailments; 2, the removal of obvious sources of possible irritation; 3, the narcotic stimulant medicines; 4, local applications.

1. As we are not dealing now with gouty sciatica, what I have to say concerning alimentary treatment is mainly in the direction of insisting on a very nourishing diet, and especially the use of fats, beginning with cream, and going on to cod-liver oil. To this we may add the use of iron, or arsenic, or both, in anæmic cases.

Dr. Lawson has correctly pointed out that sciatica is sometimes connected with an acid dyspepsia and a tendency to pyrosis. I believe that these cases are less common than he supposes, and that they are mostly found in those who happen to be the subjects of gout as well as of sciatica. At any rate, wherever such symptoms are found they should at once be met by the administration of effervescing alkalies, with small doses of quinia—say a grain of quinia in four ounces of Vichy or of Apollinaris water three times a day. The quinia is here given simply as a restorer of the digestive tone, not with the idea of producing a specific effect upon the neuralgia.

The only cases of sciatica in which quinia is likely to produce specific effects are those in which malaria is the exciting cause, and these are (in England) so rare that I have for practical purposes disregarded them. It is enough to say, here, that when we do encounter such cases we must treat them with the same full doses of quinia, administered before an expected paroxysm, as we should employ in ague itself.

1. The removal of obvious sources of possible irritation refers chiefly to two things. *Cold* should be guarded against by making the patient wear (night and day) a pair of thick flannel drawers. Intestinal irritation should be guarded against by thoroughly evacuating the intestines; it is best to do this by means of a good stimulant enema (ol. ricini, ℥ss; ol. terebinth. ℥ss; gruel, Ojss) thrown high up.

3. Of the narcotic-stimulant remedies, morphia, hypodermically injected, is much the most frequently useful, though it is scarcely that panacea for the disease which some have represented it to be. When I tell you that it can rarely be judiciously omitted in the early treatment of sciatica, I

am very anxious that you should receive that statement in a reasonable way. The supreme utility of hypodermic morphia is due to the certainty with which (in moderate dose) it will cut short the pain without inducing narcotic depression. Pain is a complex and mysterious phenomenon, and among the many interesting facts concerning it is this—that the long continuance of pulsation, so to speak, of more or less rhythmical agony has a peculiar shattering effect upon the nerve, which leaves it *far more liable to pain than before.* Therefore you will do wisely to prevent, at any necessary cost, the patient from ever having more than a few acute pain at a time. This can usually be accomplished by immediately using the hypodermic syringe when the attack commences; and at this period of the illness you may even give one-sixth or one-quarter of a grain twice in each twenty-four hours, if necessary. But you are on no account to look upon hypodermic morphia as other than a temporary expedient to gain time for the recuperative powers of the system, aided by appropriate tonics, to conquer the morbid tendency.

4. Of local applications for sciatica (or any other neuralgia) some are used with one intention, some with another. *a.* There is a class of local remedies, the sole action of which is to shield the terminals of the nerve-twigs frnm irritation by paralyzing their sinsibility; the result being that the nerve and nerve-centre enjoy comparative force while the influence endures. Veratrine ointment is one example; aconité liniment another. In using the former, you will do well to employ, at first, an ointment only half as strong as that of the Pharmacopœia (four grains to one ounce, not eight), or, if your patient has a delicate skin, you wil produce inflammation or pustulation instead of simply numbing the nerves. Lin. aconiti, applied with a broad paint-brush, but very expensive where it has to be applied over a large surface.

b. Mild stimulation of the nerve is, however, on the whole, by far the most satisfactory local method of treatment. This is done in two ways, either by blistering, or by the use of the constant current. Blistering must always be used with precausion, and is almost wholly inapplicable to the irritable skins of aged patients. It is usually best to commence with the application of a blister, not directly to any of the painful joints, but by the side of the spine at the junction of the lumbar and sacral portions. When the epidermis has been well distended with serum, the bladder is to be pricked with needles and drained of fluid without breaking the skin at all. If the malady prove at all obstinate, a series of these "flying" blisters placed successively near to (not actually upon) the foci of the greatest pain will prove highly serviceable.

But in no instance of sciatica ought we to allow the pain to continue very long before putting in action a remedy which has approved itself in the hands of some of the best observers in Europe, of the highest value for sciatica—I mean the constant battery current, a remedy so powerful (particularly in this form of neuralgia) that, but for the expense and trouble attending its use, it should be employed as the sole treatment in three-fourths of the cases of sciatica. It is absolutely necessary to have a good instrument, such as Wiess's or Stohrer's constant-current machines. From twenty-five to thirty-five cells will commonly be required, and the best method of application, on the whole, is the following: The negative pole (the poles are broad moist sponges) is applied as nearly as possible opposite the roots of the nerves which form the sciatic, and the positive pole is applied in succession to the several foci of pain. The poles should be kept continuously applied for about three minutes at each of these situations, and this should be done either once or twice daily.

The prognosis of sciatica depends mainly upon the age of the patient, in the true physiological sense, and on the length of time during which the malady has already lasted. Eulenburg speaks of it as among the most curable of neuralgias, and so it doubtless is—in favourable circumstances and with the adoption of all proper remedies. But it may be rendered utterly intractable, either by the failing nutrition of the organism in the stage of bodily decline, or by the carelessness of the patient, or of the doctor, in not strangling the disease at an earlier period in younger subjects. No disease with which I am acquainted offers more opportunity for medical energy to find itself rewarded, or for medical supineness to incur not undeserved discredit.—*Med. Times and Gaz.*, June 13, 1874.—*Med. News and Library.*

STAMMERING.

The treatment of this defect is now carried on with much success in France by M. Chervin. His method has been the subject of a favourable report to the Academy of Medicine, in which we find a sketch of the system. The training begins by a respiratory practice, in which the patient learns to steady his voice whilst regulating the respiratory rhythm. Then follows the practice of vowels, which, in fact, constitutes the gymnastics of articular phonation. Lastly comes the demonstration of the functions which the tongue and lips have to perform, and of the shape which the mouth should assume in the pronunciation of each letter of the alphabet. This concludes the initiatory practice. Afterwards we have the combination of letters, vowels, and consonants in the different and respective positions which they may occupy; and, finally, words and periods, with the intonation and expression which they requre. The whole con-

sists in gymnastically educating the organs of speech, the excellent results being due not so much to actual muscular work as to the precision with which the practice is carried out. The success depends on an effort of the will on the part of the patient to reproduce with the utmost precision a particular movement. The will of the teacher must take the place of the patient's will, as the latter is unable to regulate the movements dictated by it.

M. Chervin justly remarks that stammering is a kind of chorea of the muscles of respiration and phonation. To remedy this he advises slow and measured gymnastic exercises of respiration, this being the first part of the treatment. It is shown above that he combats the unruly movements of the tongue and lips by subjecting these organs to muscular exercise. This method seems thus perfectly rational, and the Government have been advised by the Academy of Medicine to give M. Chervin pecuniary support.—*The Lancet.*

NASAL CATARRH.

Numerous cases of this very common and troublesome affection present themselves at this season of the year. They are of all grades of severity, from the recent acute inflammation, characterized by a free copious mucous or slightly purulent discharge to the old chronic *ozæna*, accompanied by the fetid purulent discharge, and chronic thickening of the nasal mucous membrane. The partial or complete occlusion of one or both nostrils by the accumulation of hardened secretion, and the swelling of parts is of frequent occurrence, also partial deafness from closure of eustachian tubes. In most chronic cases the inflammation spreading down over the fauces involves more or less the larynx and larger bronchial tubes, producing hoarseness and slight cough with expectoration.

As met with in dispensary practice many of these cases present an evident syphilitic element. A broadened, thickened condition of the bridge of the nose from periosteal inflammation is a common evidence of this taint, also the destructive ulcerated patches in the nares, or more frequently on the fauces bear evidence to the same effect.

The treatment that we have been in the habit of pursuing in these cases of nasal catarrh is very simple, but apparently quite as efficient and successful as any that has been devised. The nasal passages are directed to be cleansed once or twice each day, either by the nasal douche or syringe; a solution of salt and water being used for the purpose.

The following solution is directed:

℞.—Iodine Cryst., grs. xii.
Chloroform, ʒi.—M.

To be inhaled two or three full breaths at a time, through either nostril, several times through the day. Slight or recent acute cases yield readily to this treatment alone. In the more chronic cases, and where there is a fetid character to the discharge, ten or twelve grains of carbolic acid cryst. may be added to the above with advantage. General treatment by tonics and mercurial alteratives will also have to be resorted to in the more persistent chronic cases before much impression can be made upon them. The following is the mixture which I usually use in these cases:

℞.—Tinct. Cinchona, ʒii.
Syr. Rhie, ʒi.
Syr. Glycyrrhiza, ʒi.
Hydrarg. Bi-Chlor, gr. i.

A teaspoonful four times a day to an adult.

Or, in many instances, especially where any laryngeal or bronchial complication is apparent, the following mixture will act more efficiently:

℞.—Ammonia Hydrochlor., ʒii.
Morpæ. Sulph., grs. iii.
Ant. et Potassa Tart, grs. ii.
Syr. Glycyrrhiza, ʒiv.—M.

A teaspoonful four times a day.

Hydrarg, bi-chlor. one grain can be added, if desired, and would be more especially indicated if there was any syphilitic complication apparent or suspected.

The partial deafness resulting from closure of the eustachian tubes will frequently yield to the use of the inhalation already mentioned. In more severe and chronic cases, however, the eustachian tubes may become, more or less, firmly agglutinated together throughout their entire extent. The introduction of the eustachian catheter and the dilation of the tubes by forcing a current of air through them is then necessitated. After dilation in this manner a current of iodized air must be occasionally forced through them by the catheter in order to prevent their becoming again closed.

A very great obstacle and discouragement that is met with in attempting to control these catarrhal affections arises from the fact of their so frequent and persistent recurrence after apparent cure. The membrane lining the nasal passages, remains extremely irritable, and sensitive to atmospheric influences for a long time, especially after being subject to repeated and frequent attacks of catarrh. In a climate like ours, subject at all seasons to the most sudden and extreme variations of temperature and moisture or dryness of the atmosphere, it is almost impossible for those once becoming subject to this affection, to so guard themselves as to prevent the more or less frequent recurrence of fresh attacks. By resorting promptly to treatment each time, however, these attacks can be cut short, and the supervention of any unpleasant sequelæ be prevented.—*Dr. Davis' Medical Examiner.*

INTERNAL HÆMORRHOIDS.

CLINIC BY JOHN BRINTON, M.D., PHILADELPHIA HOSPITAL.

A man, sixty years of age, suffered for thirty years with an enlargement or protrusion from the anus. During the last ten years these tumors have bled and bled profusely. This aggravated hæmorrhage has occurred every three or four weeks, but in the intervals there has always been more or less loss of blood. As a result of this constant drain, his constitution has suffered severely; he is weak and feeble, possesses no energy, and unable to earn his living.

He was admitted to the hospital, and the case furnished the text of Dr. Brinton's lecture, in the course of which he said: Essentially, hæmorrhoids depend upon varicose condition of the veins of the rectum, at all events in their incipient stages. You know, perhaps, that the lower part of the rectum is supplied with blood through three channels; the superior, middle, and inferior hæmorrhoidal arteries. The first named vessel is given off by the inferior mesenteric; the second by the internal iliac, and the last named by the internal pudic arteries. These different hæmorrhoidal arteries are accompanied by their respective veins. As a consequence, the blood from the rectum finds its way back into the general circulation through three channels, to wit, the internal pudic, and inferior mesenteric trunks. The latter, as it ascends, pours its blood into the portal vein, and passes throuh the liver.

You will thus understand how it happens that the superior hæmorrhoidal vein, a vein of considerable length, destitute of valves, and entering into the composition of the portal system, may at any time be subjected to the general disturbing hepatic influences which tend to produce portal congestion. And you will also see how, such portal congestion having occurred, we may have interference exerted upon the return of the blood from the rectum, through the medium of the superior hæmorrhoidal, and its prolongation, the inferior mesenteric veins.

Now, gentlemen, let us suppose that from any cause, whether portal disturbance, the result of liver trouble, or from constipation, and the accumulated fæcal pressure upon the rectal veins, or from other causes, these veins should be kept permanently engorged or filled with blood, what would result? Inevitably there would be overdistension of the veins, accompanied at first by thinning and afterwards by hypertrophy of their walls. In other words, these veins would become varicose, and such varicosity would be most marked at their inferior termination, near the anus, where the venous trunks inosculate freely, and form lips or pouches. That portion of the varix which froms above the sphincter ani, and which is covered by the mucous membrans of the gut, is known as the internal pile. That which is developed below this muscle, and which has a muco-cutaneous covering, is the external pile.

In its incipient stage, the interior of the dilated or varicose vein is usually patulous, so as to permit the free passage or circulation of blqod. In a short time, however, clots form, especially in the external pile. I shall doubtless have frequent occasion to show you how, by an incision of such a hæmorrhoid, a clot can be evacuted from the containing cavity. It often, too, happens that these sacs suppurate and discharge their contents, and there are left only those pendulous folds of skin, tabs, as patients call them, which we so frequently observe fringing the external margin of the anus.

I have spoken to you, thus far, of a hæmorrhoid as a varicosity or dilatation of a vein. But it may be, and most frequently, indeed, is something more, especially when the affection has been of long duration. For then we find that besides the distension of the walls or the vein, there is also thickening and hypertrophy, and that upon the outside of the venous parieties a thick, projecting velvety growth developes. This is well supplied with small arteries, which bleed, too, most copiously, during the evacuation of the patient's bowels. Occasionally this hæmorrhage occurs at almost every evacuation; but usually, I think, the bleeding is only severe at intervals of two or three weeks. In the interim there may be seen bleeding, but generally far less in quantity, and often, indeed, sufficient to constitute a stain.

The external pile inconveniences its possessor by the sense of weight, distension, and irritation which accompany it, and by its tendency to undergo attacks of acute inflammation. It is oftentimes, too, attended by an intolerable pruritus. The internal pile, in addition to most of the above-mentioned inconveniences, is marked also by the bleeding from which is not infrequently periodical and prodigious.

Examination of the patient upon the table followed. To prepare him for this examination and any operation which might be necessary, his bowels had been acted upon by castor oil, followed by the employment of a full injection. He had also been directed to strain over a bucket of hot water, in order to force down the offending growths.

Now, said Dr. B., as I separate the buttocks, you observe the large size of the hæmorrhoidal mass, projecting from above the external sphincter. Mark, if you please, its dark, villous appearance, and its extent of base, embracing almost the entire circumference of the bowel. The surface of the tumour is studded with hæmorrhage points, and as I press upon the mass the blood flows freely. Underneath the pile you observe a projecting ring or fulness surrounding the anus. This is caused by a partial

prolapse of the lower portion of the rectum, dependent, no doubt, on the long-continued habit of constipation into which the man has fallen ; for he states that his bowels are rarely moved twice a week ; often, indeed, but three times in two weeks. The removal of hæmorrhoid will doubtless relieve this prolapse.

The case is evidenly a bad one of internal or bleeding piles. Now, how shall I proceed to their cure?

Excision by the knife or scissors is out of the question. Such an attempt would certainly be followed by a terrible bleeding. Removal by the ecraseur, or by a platina wire heated to a white heat by the galvano-cautery, are also objectionable, for both of those methods are at times to be followed by troublesome hæmorrhage. So, also, is the destruction of the growth by the actual cautery, after the method of Mr. Henry Smith, of King's College, London.

The method which I adopt in all these cases of internal piles, and which I confidently recommend to you, is that of ligation. If you follow me closely you will see how this is effected. The patient will now be brought under the influence of ether, and while this is being done I will draw your attention to the *modus operandi* of the ligature in these cases. I have here a stout curved needle with a large eye. This is armed with a strong double ligature —in fact, a piece of fishing-line—which cannot be broken by any strain my hands can put upon it. With this I intend to traverse the base of the tumour, and I shall then strangulate the mass in segments. It will at once occur to you that this procedure may be productive of great pain to the patient when he shall have emerged from the effects of the ether. Not so, if the ligature be properly applied.

In this diagram the mode of nerve distribution at the anal orifice is correctly represented. It is copied from Mr. Hilton's book on "Rest and Pain." You see here the internal pudic nerve sending a shower of branches from above downward through the thickness of the rectal walls. A little distance above the anus these nerve filaments rest *beneath* the mucous membrane, and they pierce this latter, to be distributed cutaneously on the line at which the mucous and cutaneous surfaces become continuous. This locality you can recognise in the living subject by a whitish line; see, here it is on our patient.

He is now fully under the anæsthetic, and I proceed to my operation. First of all, I grasp the hæmorrhoidal mass with this strong toothed forceps, draw it strongly onward, and have it so held by my assistant, Dr. Keating. I then take my scalpel and make an incision along the white muco-cutaneous line I have indicated to you. This incision is not deep, but is sufficient to divide the thickness of the mucous membrane, and consequently also the filaments of the pudic nerves just above their emergence. I next pass through a needle with its double ligature, the point entering in the cut I have made, and escaping above the hæmorrhoid. I divide the ligature and remove needle. The respective ends of the two ligatures are then tied, the upper one over the mucous surface of the pile, whilst the lower one falls in the track I have made with my scalpel. I then surround the bases of both included masses with a thread from either ligature, and knot them very tightly. This I do to prevent any bleeding at the point of needle puncture. This series of manœuvres I repeat until the entire mass of the tumour is surrounded ; in the patient before you three needles and five ligatures are demanded. You have witnessed how forcibly I tie the thread. Remember, that the more tightly you tie them the more perfect will be the strangulation, the less danger of hæmorrhage, and the more rapid the cure.

The operation is finished, the whole hæmorrhoidal growth is strangulated—and you saw how large it was. I then return the mass within the bowel, leaving the free end of the ligatures twisted together and projecting through the anus, in case a possible hæmorrhage might render further manipulation desirable, although this is hardly to be anicipated.

For after-treatment I direct a one-grain old opium pill, to be repeated in four hours, and afterwards as often as may be necessary, to prevent any motion of the bowels. His food will be of a fluid and farinaceous character. The constipation I enforce for seven or eight days, at the expiration of which time I order a more sold diet, which, in all probability, will be followed by a natural motion and the fall of the ligatures, unless they should separate earlier—*Medical and Surgical Reporter, Philadelphia.*

A LESSON FOR YOUNG PHYSICIANS.

The following oath (copied from *L'Hermite en Province*, vol. ii-, p. 343,) was taken by young physicians at Montpellier. It was at Montpellier that Rabelais was professor, as also Rondelet, the father of modern zoology:

"I, ——— ———, before the statue of Hippocrates, and in presence of the Professors of this School, and of my dear fellow students, do, in the name of the Most High, swear to be faithful to the laws of honor and probity, in the practice of medicine.

"I will attend the poor gratuitously, and never will I exact more pay than my work is worth. When called upon to visit families, my eyes shall not see what there takes place ; my tongue shall keep silent on the secrets confided to me, and my profession shall never serve for the corruption of society, or in the furthering of crime.

"Respectful and grateful towards my masters, I will hand down to their children the lessons I have received from the fathers.

"If I am faithful to my oath, may men honor me; may I be covered with disgrace and scorned by my associates, if I fail."—*Nashville Journal of Med. & Surgery.*

ASIATIC CHOLERA.

Surgeon-Major Dr. Robert Pringle, in a paper read before the Medico-Chirurgical Society of Edinburgh, and published in the *Edinburgh Medical Journal* (Sept. 1874), gives the result of nearly twenty years' experience of cholera in the Bengal Presidency. The paper is one of much interest and practical value. The subject is discussed under three heads or questions.

1. What is Asiatic cholera; and where does it originate?

In reply to this question, Dr. Pringle says that cholera is the result of a poison introduced into the system; and that the symptoms, such as vomiting and purging, with cramps and collapse, are due, the former to the efforts of nature to expel the poison, and the latter to the influence of the poison on the nervous system and the circulation. The author has known cases fatal within three hours from the commencement in persons previously quite healthy, and in some of these instances not more than one characteristic evacuation has occurred. In such cases, the fatal result is attributed to the non-exit of the poison. On the other hand, reference is make to the numerous instances of spontaneous recovery amongst religious pilgrims who, having been turned out ot crowded lodgings into the open street, or having been struck down in the road, have rallied from the collapse of cholera, with but too visible proofs around of Nature's successful efforts to emit the poison. Now, nothing whatever had been done for these cases, and yet they were *slowly coming to life again*, and these wonderful recoveries were only equalled by the marvellous power of regaining strength to rise up, and in the case of pilgrims, to renew their journey homewards.

2. How does the disease spread; and what are the best means to prevent its spreading?

To this the answer is, that the disease spreads through the agency of a poison which, like the small-pox poison, multiplying indefinitely within the bodies of the sick, is ejected by vomiting and purging, and then contaminates the air and the water; and the way to prevent the diffusion of the poison is to confine it as far as possible within narrow limits, and then to destroy it. "One of the most fertile means of spreading the disease is water; and among a water drinking population like that of India, who obtain their supplies from wells and ponds, and whose sanitary habits of ablution are too well known, and too often witnessed on the margins of ponds and canals, to require description, it need excite no wonder if cholera sweeps off its victims by hundreds." The author believes, from personal experience obtained while in medical charge of the station of Juggernaut, that one of the most active agents in the spread of cholera amongst Indian pilgrims is the so-called "holy food" upon which they chiefly live while at the shrine of Juggernaut. This food is composed of vegetables, chiefly of the melon kind, in various stages of decomposition, and doubtless often containing the germs of the cholera-poison, introduced by the impure water used in the cooking, and increased by the filthy state of the sheds in which the food is prepared. This food is sent all over India, and is believed by Dr. Pringle to be a frequent source of *apparently unaccountable* outbreaks of cholera. He has great faith in the preventive influence of quarantine in a port, and a *cordon de santé* on land; but he very sensibly remarks that, in order to be effective, they must be thoroughly strict and close. Anything short of this does more harm than good, since it leads to concealment, which allows the disease to spread unobserved, from fear of the punishment attending its discovery. When, therefore, precautionary measures cannot be thoroughly carried out, they had much better not be attempted. The author states, as a result of seven years' experience at the civil sanitarium of Mussore and the military convalescent depot at Landour, both in the Himalayas, that not a single case of cholera occurred in which the disease was not the result of a visit to the cholera-infected plains within a period of three days from the onset of the symptoms. In the cholera epidemic of 1872, it was thought that an exception to this rule had occurred, and that a case of true cholera had originated at Mussorie. The sufferer was a cow-feeder living in the centre of Mussorie, and was supposed never to have left the station. Dr. Pringle, however, found, on making close inquiry, that the man had gone with some cows to a village in the plains where cholera was present, and had returned the same day. This visit to an infected locality had occurred three days before he was fatally seized with cholera. A strict *cordon de santé* was supposed to exist between the sanitarium and the infected plains five or six miles distant; hence the concealment regarding the man's visit to his village, which must have been well known to his neighbours. This case affords a good illustration of the difficulties in the way of an attempt to trace the source of infection.

3. The third question which the author discusses is, What is the treatment recommended? And this question he answers as follows. "Do not check the efforts of nature to throw off the poison.

On the contrary, aid them judiciously, by draughts of tepid water, to dilute and emit the poison; and, if necessary, even small doses of castor-oil (the indigenous mild laxative of the country where cholera may be said to be endemic); tepid water injects; and the employment of every known remedy, except the administration of spirituous stimulants, to restore the tone of the circulation, and to bring back the natural heat; but, above all, *judicious and persevering nursing.*" "Such," he adds, "briefly, are my views, some if not most of which have been advanced by others, but chiefly by Dr. George Johnson in his *Notes on Cholera.*"

The author goes on to remark that one of the chief difficulties in carrying out a treatment based on the elimination theory is in avoiding excessive evacuation, whereby the danger of the disease may be increased. He believes that the cases are few in which the natural eliminative efforts require much assistance from drugs, whether of an emetic or a purgative character. Tepid water emetics and tepid water enemata he considers to be the best evacuants in the great majority of cases; while, in some few cases, castor-oil may be given as a mild laxative. On the other hand, all medicines that tend to check vomiting and purging, more especially opium, are believed to act injuriously.

The entire paper, of which we have here given a brief abstract, will well repay attentive perusal. —*Brit. Med. Jonrnal, Oct. 10.*

EXCISION OF CANCER OF THE BREAST BY SCISSOR CUTTING UNDER ETHER SPRAY.

Dr. Benjamin W. Richardson, F.R.S., publishes in the *Lancet*, Aug. 29, an important paper on this subject, from which we find he has himself performed operations with scissors. If this be contrary to the custom of the College of Physicians of which Dr. Richardson is a member, we none the less rejoice that he has refused to be thus trammeled, and we invite special attention to this, his last contribution to our art.

Two cases are related in detail by Dr. Richardson, the result of which he sums up as follows:

The effect of the local anæsthesia.—It is certain that in both these cases the local method afforded everything that could be desired in the way of anæsthesia. It saved all acute pain; it saved the patient the dread of death during the insensibility from a general anæsthetic, and it enabled me to proceed in our task without a thought as to the immediate safety of the patient, It warranted me in recommending the operation.

The method of cutting with scissors.—Local anæsthesia has many disadvantages. It is more troublesome than general anæsthesia as a detail of practice, and as it leaves the consciousness alive, it fails at times in preventing the fears of the patient. But hitherto the greatest difficulty in operating under it has been the obstacle of cutting through the hard, frozen, insensible part. The resistance to incision by the best cutting knife, and especially to dissection by the knife, is such that I have seen the most skillful surgeons troubled by it; and I have never been able to complain of the objection that had been made to the method on this ground. The difficulty is now overcome by the process of scissor-cutting, which I have here introduced. The advantage of the scissors over the scalpel will be at once proved if any one will take a thick, firm structure—the cover of a book for example—and try to cut through it. With the best of scapels he will be troubled; but with scissor-blades he will cut with the utmost facility, if the blades be well set. So, in cutting through the frozen animal tissue, the parts, can be divided as rapidly as may be wished with the scissor-blades, with perfect accuracy of incision, and as deeply as may be desired. The cutting is also made without any downward pressure, by which pain of pressure is saved. Also in deep dissection the tissues, frozen as they are exposed, can be divided more easily than by the knife; for the harder they are solidified, the easier they are divided by the scissor-blades. In a word, I believe that every cutting operation, in which local anæsthesia is practicable may be performed neatly and effectively by scissor-cutting and that a much larger number of operations may now be painlessly carried out under the local method.

Effect of the operations on the heart in the cases related.—No fact is more instructive in the history of the patients recorded in this paper than the beneficial effect produced on the function of the heart by the operation. In both instances the cardiac irregularity and irritability were purely due to irregular nervous supply—to nervous irritation and consequent muscular exhaustion. The irritation might have been in part due to the mental anxiety which naturally accompanies the disease, or it might have been due to the irritation of the tumor, and have been reflex in character. Whichever view be correct, the result of the operation was curative, and, as the cases are typical of a class of phenomena of disease, the lesson they teach is extended far beyond them as individual illustrations. They show that as soon as the heart obtains rest from the persistent nervous thrill that invades it, its muscular tone returns, and its irregular motion and excitability cease. Thus, by operating early for the removal of cancer the surgeon acts as physician also, and prolongs the general life by removing the local disease. I am convinced I have seen patients suffering of cancer die from the mental and

local irritation of the disease long before any developement of the malady has advanced to kill by destruction of the part or organ involved.—*The Doctor.*

PHYSICIANS' SACRIFICES.

PROF. OLIVER WENDELL HOLMES RECOUNTS SOME OF THEM.

In his address at the meeting in Boston in behalf of a new medical college building for Harvard University, Prof. Oliver Wendell Holmes paid the following tribute to the medical profession :

I come then to the claims of the medical profession on the community. Let me begin by quoting a passage from a recent writer who has said many plain, true, and most unpalatable things to the clergy and the so-called Christian people of England —the author of "Modern Christianity a Civilized Heathenism."

"Men are pleased to call you reverend," he says, addressing the English clergy, "but if such a title belongs to any profession on this earth, it belongs, not to the parson, but the doctor. He it is, who, in some degree at least, is making himself Christ to the suffering and the sorrowing among mankind. He it is who turns out of his bed at midnight to cool the poor man's burning lips, or succour a woman with the tenderest efforts of his skill, who can never pay him sixpence for his trouble, whether her infant lives or not." "What you do cheerfully enough once in a way, he does as a matter of business all day long. Your work is baby's play compared to his."

So writes a Canon of the established Church of England, if common report rightly assigns the authorship of that terrible satire. The physician's life is one of sacrifice. He gives up not only his ease, if necessary, his health, and even his life, but what is dearer to some men, I might also say, than any of these—namely, his habits. He drops his novel with the last chapter unread ; he leaves the theatre with the fifth act just working itself up to agony ; he gets up from a meal that is untasted ; he leaves his pillow unpressed, or springs from it in the dead of night to brave the wildest storms of rain or snow ; he has not an hour by night or day when you cannot summon him as if he were a slave and you were his master. He does more than the good Samaritan—he goes to the wayside to look for the wounded travelers, and carries them in his ambulance to his hospital, which is an inn where there is no landlord to pay. He will stoop to wash your feet if you are bruised and maimed, and do for you more than menial service at the call of humanity. These are his sacrifices—what are your gains ? The surgeon is constantly saving life. Where would you be without his aid in a case of strangulated hernia ? Think of those wonderful and at first sight appalling operations—vivisections, I had almost said —by which hundreds of women had been rescued from inevitable death, and come back to life, as the brother came forth from the sepulchre, as the maiden rose at the words of Him who said : "She is not dead, but sleepeth." And in woman's special hour of anguish what do not she and those that love her often owe to the skill and care by which two precious lives are guarded or rescued ? If the physician has not so often as the surgeon or the obstetrician the certainty that he has saved his patient from impending death, he cannot doubt that the measures he has taken not very rarely turn the uncertain balance in his favor. Most men want to live as long as they can, and as comfortable as they can, and the great business of the physician is to help them in realizing both these wishes. I am not one of those whose tendency is thought to be to overrate the efficiency of medical treatment. I have been accused, on the contrary, of undervaluing some of the agencies employed in the treatment of disease. But while I never hope to see the great tidal movements of disease stayed by the employment of any drugs that we possess or are like to possess, I recognize with unspeakable gratitude the control placed in the hands of the physician over every form of suffering and discomfort. When a physician finds his patient panting, suffocating, drowning in the fluid that is crowding his lungs, and boldly thrusting a hollow needle into his chest, pumps it out, and gives him his breath again ; when he goes to a patient gasping with asthma, and, pricking an atom of morphia into his skin, so transforms him in the course of a few minutes that, to borrow a sufferer's words, whereas he had been in hell, he was now in heaven ; when he visits one who is undergoing the torture of the passage of a gall-stone, and silences the pain with an anæsthetic that says, "Peace, be still," with an almost Divine authority, I feel that nothing comes nearer to the Deity than he who is invested with such beneficent capacities. The pains of surgical operations and of disease have been divested of much, if not of all, of their terror. The agony that seemed inseparable from maternity has been divorced from it in the face of the ancestral curse resting upon womanhood. With the first painless birth, induced by an anæsthetic agent, the reign of tradition was over, and humanity was ready to assert all its rights. It remains for the physican to claim for his art the right of procuring a painless passage out of the world, so far as is practicable, for the patient whom he can keep no longer in it, and without doing violence to the properties of the closing scene, to consider the physical process as one which should be under his exclusive direction.

I trust these grave considerations bring home to all of us the great importance of the medical profession to ourselves and the whole community,

of which we form a part. And yet there is another work that falls to the lot of certain members of the profession more especially, to all in some measure, which has not yet been referred to—I mean the care of the public health. As our cities grow larger and more densely populated, every year adds to the dangers arising from local causes of disease. We know too much of this practically here in Boston, where the death rate is higher, I believe, than in any of our northern cities. We know also the diligent labors of our State Board of Health in the investigation of the sources of sickness and mortality, and their suppression. We have good reason to hope that their efforts will, if seconded heartily by the authorities, result in a great improvement in the health of a city which has prided itself on its freedom from malaria and its care of its citizens. To have good surgeons, obstetricians, physicians, boards of health, you must have good medical schools and sound methods of instruction. We make no secret of the fact that we are not satisfied with the methods of instruction which were long followed in this school and which prevail very largely throughout this country at the present day. They were as good, perhaps, as could have been expected in a new country, but Massachusetts is not a new country, at any rate, and Boston is not a new city, and Harvard University is the oldest in the land. Its medical department has taken the lead in a great educational reform, the leading of which is to send into your families men who shall be more able to help you in your hour of pain and danger, to make the coming into life and the going out as nearly like the hours of walking in the morning and of closing the eyes in slumber at night as is permitted by the conditions under which we come into being. We want in coming years that this college shall send forth more men like Jeffers Wyman, to enlarge the boundaries of knowledge; more men like George Derby to recognize the sanitary arrangements of all our negligent communities. We want to fit the physicians and surgeons of the future to be to their time what James Jackson and John Collins Warren were to the first half of this century. And it is to further this wish and the effort that springs out of it that we make this appeal to those who have signified their willingness to listen, and to all who feel the importance of a thoroughly-taught medical profession.

TREATMENT OF ERYSIPELAS.—The *Medical Record* states that in the Brooklyn City Hospital the following has proved efficacious as a local application in erysipelas: Acetate of lead, carbonate of magnesia, camphor, each twenty grains, water one pint.

NELATON'S METHOD IN CHLOROFORM NARCOSIS.

This was the subject of two communications in the Surgical Section at the Norwich meeting. The method simply consists in inverting the body, and the results are described as most satisfactory. Nélaton believed that death resulted from anæmia of the brain, caused by direct action of the chloroform. He sought to avert the catastrophe by the simple plan of inverting the patient.

Dr. Marion Sims related a case in which Nélaton was present, when, in the midst of Dr. Sims' operation, the chloroformist, Dr. Campbell, said, "Stop! stop! No pulse, no breathing!" and, looking to M. Nélaton, he said, "Tête en bas, n'est-ce pas?" Nélaton replied, "Certainly; there is nothing else to do." Immediately the body was inverted, the head hanging down, while the heels were raised high in the air by Dr. Johnston, the legs resting, one on each of his shoulders. Dr. Campbell supported the thorax. Mr. Herbert was sent to an adjoining room for a spoon, with the handle of which the jaws were held open, and I handed M. Nélaton a tenaculum, which he hooked into the tongue, and gave in charge to Mr. Herbert; while to Dr. Beylard was assigned the duty of making efforts at artificial respiration, by pressure alternately on the thorax and abdomen. M. Nélaton ordered and overlooked every moment, while I stood aloof and watched the proceedings with, of course, the most intense anxiety. They held the patient in this inverted position for a long time before there was any manifestation of returning life. Dr. Campbell, in his report, says it was fifteen minutes, and that it seemed an age. My notes of the case, written a few hours afterwards, make it twenty minutes. Be this as it may, the time was so long that I thought it useless to make any further efforts, and I said, "Gentlemen, she is certainly dead, and you might as well let her alone." But the great and good Nélaton never lost hope, and by his quiet, cool, brave manner he seemed to infuse his spirit into his aids. At last there was a feeble inspiration, and after a long time another, and by-and-by another; and then the breathing became pretty regular, and Dr. Campbell said, "The pulse returns, thank God; she will soon be all right again." Dr. Beylard, who always sees the cheerful side of everything in life, was disposed to laugh at the fear I manifested for the safety of the patient. I must confess that never before or since have I felt such a grave responsibility. Again and again the same scene was enacted, and was graphically related by Dr. Sims, who related a second equally successful case.

Sir John Rose Cormack related, at the same meeting, a case in which the method had proved successful, although the patient remained for a much longer time in a precarious condition. In

fact, his case was one in which the poisonous effects of the chloroform continued for a long time, as in those described by Casper and others.—*Med. Press and Circular.*

THE ORIGIN OF THE TRANSFUSION OF BLOOD.

Dr. Chereau, the talented paleontologist of *L'Union Medicale*, well versed in chronological researches, has published in two late numbers of that journal (Nos. 108 and 110, 1874), interesting articles in which he strives to prove that the first idea of transfusion originated in France It was first suggested by a friar named Robert des Gabets, in 1651. The latter states that another friar, named Eloy Pichot, gave him the idea, upon which the former had two silver canulæ constructed, connected with a leather pocket the size of a walnut, the canulæ being provided with valves to prevent regurgitation. Seven years afterwards, Des Gabets gave a lecture on the subject at a conference held at a nobleman's house, where many foreign gentlemen were present, especially Englishmen. The inventor, however, never practised the operation which he had suggested, and we find that, in the Philosophical Transactions of London of Nov. 19th, 1666, the success which attended the transfusion of blood from one animal to another is mentioned, Lower being the operator. In 1667, Jean Denis, of Paris, assisted by Emmerez, performed transfusion, first from one animal to another of the same species, then different species were used, and the operation was modified so as to transfuse arterial blood into veins, and *vice versa.*

On the 15th of June, 1667, the same surgeons ventured upon man, first upon a young patient suffering from fever, who had been bled twenty times to mitigate pain. The carotid blood of a lamb was used, and successful results were obtained. In the second place a porter was hired for the experiment. He received into his veins about twenty ounces of the arterial blood of a lamb; and was pleased with the operation.

In Sept. 1667, the Philosophical Transactions contained a paper in which the discovery of transfusion is claimed for Great Britain; and on Nov. 23rd, 1667, transfusion was first performed in England, upon a man called Arthur Coga, a lamb also furnishing the blood. Hence Dr. Chereau states that to France must be left the honor of having emitted the idea, to England the merit of having first put it into practice. The author of the article very carefully and minutely adds all the necessary references. He also proves, by original documents, that transfusion was never actually forbidden in France, as has been stated. The authorities only insisted upon certain precautions being observed.—*The Lancet.*

TRANSFUSION OF BLOOD.

An interesting experiment was performed on Friday last, in Fall River, Mass., by Drs. Julius Hoffman and Louis Weyland, of this city. Herman Dubois had suffered from consumption for five years, and had become very weak and debilitated. Physicians advised him to seek a warmer climate, but he had not sufficient strength to avail himself of this chance of relief. Dr. Hoffman had transfused blood from animals—dogs and lambs—to the human subject with success in six cases, and it was determined to make the experiment upon Mr. Dubois. Dr. Hoffman described the operation as follows:—"A healthy active lamb was taken to the room where the patient reclined. The animal was laid upon its side. An incision was made on one side of the larynx, exposing the carotid artery. When this artery was fully exposed, a ligature was tied around the vessel, shutting off completely the blood current. At a distance of about an inch and a half below the ligature, a powerful pair of forceps was applied to the artery, compressing the vessel perfectly. Thus there was a space between the ligature and the forceps which could be opened without danger of hemorrhage. A small incision was made into the artery in this inclosed place. Then a glass tube slightly bent was inserted into the artery. A small isthmus or constriction had been made in the part of the glass tube inserted into the artery, which enabled the tube to be tied into the vessel. After the tube had been secured in the lamb's artery, everything was ready for work upon the patient. In Mr. Dubois' arm the vein at the bend of his elbow connecting the basilic and cephalic veins was exposed. A bandage was tied around below the proposed incision to prevent a flow of venous blood from the wound. After exposing the vein by an incision an inch long, forceps were placed above and below, shutting off the blood current from a space about half an inch long. The lamb's neck was then brought close to the patient's arm, and the pressure of the forceps upon the lamb's artery relaxed. The blood rushed through the tube, expelling all the air. Then the opposite end was skilfully inserted into the patient's vein, and the pressure of the forceps upon the lamb's artery removed. The bright blood leaped through the tube and entered the system of the patient. The stream was kept np for one minute and forty seconds. Then the compression was removed, and the tube removed. Yesterday I heard from Mr. Dubois, and he had sufficiently recovered his strength to enable him to visit a warmer climate this coming cold weather, with good prospects of regaining his health. The lamb is alive and doing well. A lamb used in the same manner in a former experiment in this city is

alive, and is now tied in a stable in an adjoining street. The human subject was so much benefitted that he spent the summer in the Catskills, and is now in Baltimore."

A PRACTICAL POINT IN THE OPERATION OF OVARIOTOMY.

BY DR. ATLEE, PHILADELPHIA.

Dr. Atlee calls attention to the following very important practical point in the operation of ovariotomy. It is this; *immediately after making the incision through the walls of the abdomen, the index finger should be passed up to the region of the umbilicus, and if it can be swept freely across from side to side it must be within the abdomen.* This, of course, is an easy matter when no adhesions exist. It is always possible, in parietal adhesions, when the finger is inside of the peritoneum. It is not possible, without the most unwarrantable violence, when the finger is between the layers of the abdominal parietes. The non-observance of this rule has led to the separation of large portions of the peritoneal layer of the walls of the abdomen, even when no adhesions existed, the operator having mistaken the peritoneum itself for an adherent cyst-wall. When, however, parietal adhesions do exist, the mistake may be more excusable and more readily made, particularly in such a case as the one just related, where the peritoneum is thickened and more strongly incorporated with the cyst-wall than with the wall of the abdomen. The most convenient and infallible test of being within the abdomen is *the ability to freely move the finger to and fro past the umbilicus.—Phila. Med. Times.*

NERVOUS DISORDER FROM CONSTIPATION; RELIEF BY PURGATIVES.

A married female, aged 28, and having two children, one four years old and the other ten months, under the following circumstances applied for relief to Dr. Lockhart Clarke, at the Hospital for Diseases of the Nervous System. A few months ago she began to feel occasional headaches so much that she was frequently afraid of falling. These symptoms were accompanied by great confusion of mind and depression of spirits, so that any little excitement would cause her to shed tears. Her friend stated that she was naturally very lively and intelligent. She said that she felt as if she could not answer correctly whe she was asked a question; in fact her brain seemed, as she expressed herself, "to be in a muddle." Then her sight became affected, so that she was unable to read or do needlework; and soon it became so much impaired that she had difficulty in recognizing persons whom she knew well. At the same time every object appeared double. At first, the distance between the visible objects was small, but gradually increased until it reached nearly a yard. The optic disks were quite healthy. About the same time she complained of a continual noise in her head, like "little bursts," as she expressed herself. There was also extreme drowsiness, so that she felt it almost impossible to keep awake, even amidst loud noise. When she presented herself, she had a stupid, heavy, and sleepy appearance. She was very thin, and had been losing flesh for the last few weeks. The bowels were always obstinately constipated, and had been particularly so lately. The abdomen was full and resisting. Under the impression that she might be suffering from the effects of nursing, her medical attendant had given her large quantities of quinia and iron, which, as she thought, made her worse. She was ordered five grains of calomel and eight of compound extract of colocynth at bedtime, to be followed in the morning by an enema, consisting of an ounce and a half of castor oil, one ounce of turpentine, and one pint of gruel, to be thrown forcibly up the bowels. The result was an enormous evacuation of fecal matter, containing numerous and very hard scybala. A decided relief of all her symptoms very soon ensued. The enema was repeated every two days for several times, and was followed each time by still greater improvement, until, at the end of a fortnight, all that she complained of had entirely disappeared. On inquiry, three months later, she was found to continue in good health. This is certainly a very instructive case.—*British Med. Journal. Med. News and Library.*

IMPORTANCE OF THE PURITY OF CHLORAL HYDRATE.

Dr. Oscar Liebreich has recently published a paper in the *Berliner Klinische Wochenschrift*, in which he calls attention to the important subject of the purity of chloral hydrate, and the effect which its deterioration may produce on the patient to whom it is administered, and on its reputation as a remedy. The case, he says, is different from that of such a substance as quinia, the adulteration of which will only reduce, but not pervert the proper action of the drug. With chloral and other substances prepared by analagous chemical processes, the result of the manufacture may be the formation of compounds which if administered, produce an altogether different result from that intended. The process of manufacture is one that requires great care; and it seems that it is at least difficult to insure the purity of chloral if made in large quantities. Liebig himself who discovered

it, never attempted to make more than a few grammes at once; and Dr. Liebreich was so convinced when he brought it into notice as a medicinal agent, that purity was necessary for success, that the first supplies were made under his immediate superintendence. At present it is manufactured in various places, and the result is that in some parts of the continent, notably in Saxony and Switzerland, it has fallen into disrepute. Dr. Liebreich has made a collection of specimens of the drug used in cases where it has failed to produce its proper action, and possesses, he says, some horrible chemical compounds which he would not venture to give to a human being. He prefers the crystallized form of chloral hydrate, as the most stable. It may contain hydrochloric acid: this is no disadvantage if the proportion remain the same; but if it increase it indicates that the formation of dangerous compounds may be going on. Sometimes the hypnotica ction is increased: this he attributes to the production of chlorine compounds, which are more readily changed into chloroform than chloral itself is. An acid reaction arising from the formation of trichloracetic acid does not show that the chloral is unfit for use, though it weakens its action. In pure chloral this action is limited, while impure chloral is liable to the constantly-increasing production of acid compounds—not trichloracetic acid—of a deleterious nature. Dr. Liebreich remarks that the German Pharmacopœia is in error in fixing the boiling point of chloral hydrate at 95° Cent. (203° F.). This, he says, is correct for anhydrous coal, but the boiling point of chloral hydrate is not constant.—*Brit. Med. Four.*

SINUS SIMULATING DISEASE OF THE HIP-JOINT TREATED BY VILLATE'S MIXTURE.

In the "Notes of Hospital Practice" in September No. of the *New York Med. Journ.*, the following case, which was treated in Bellevue Hospital, is reported.

The patient was a man aged twenty-five years, who had been previously an orderly in the hospital. He had received an injury to the hip by a fall, and from this an abscess developed, which opened and left a sinus, continuing for months. From the fact that there was pain both at the hip and at the knee, morbus coxæ was suspected, and the patient was placed in the wire breeches. It was decided, however, to try the effect of *Villate's Mixture*, as an experiment. Injections, containing one part of the mixture to four of water, were applied to the sinus every third day, each injection being carefully washed out with water. After a week or ten days the thigh was very much swollen, and this was attended with considerable constitutional disturbance. This readily passed away, and it was found that the sinus had sloughed out, leaving a healthy granulating surface, which slowly healed.

The original formula of the mixture is as follows:

R.—Liq. plumbi subacetatis,	℥j.
Zinci sulphat. cryst.,	
Cupri " "	aa ℥ss.
Aceti vini albi,	fl ℥vjss.

M. Dissolve the sulphates of copper and zinc in the vinegar and then add the subacetate of lead. Shake before using.

It is well to begin with a more dilute solution than was used in the present case, in order to avoid the risk of sloughing.—*Med. News and Library.*

THE RELATIONS OF FOOD AND FORCE.

Man derives his force from his food; the oatmeal porridge of Robert Burns contained potentially "The Cottar's Saturday Night"; and "Measure for Measure" was only the transmuted form of Shakespeare's viands. But, before either transformation was possible, that alchemist crucible, the brain of the thinker, was indispensable. That very food in other systems might have taken the form of a wild debauch, or of the sustained ravings of acute mania—of a desperate struggle in battle, or of tender dalliance. From his food man derives originally any force that he may manifest. He supplies from it not only the daily needs of his existence, but he also stores up force in reserve as a force-capital. From this capital he draws in any exertion, he pays it again with every meal—provided it be digested and assimilated. From this fund of stored-up capital he draws the force necessary for the continuation of his existence, when a quinsy obstructs his swallowing, and on the reserve indeed he lives. But that withdrawal of force has been accomplished at the loss of so much weight; there has been a certain consumption of his stored capital, or, in other words, of his body-weight. Or, under other circumstances, he is exposed to a cold chill night on the open moors without food or shelter. He maintains his temperature, and envolves the force requisite for the maintenance of respiration from the reserve stores in his system. Such is the store on which the shipwrecked mariner lives until he is picked up. Body-wasting tells of the consumption going on in the famished system. Accident and experminent have alike demonstrated that the reserve-fund of ordinary animals represents a certain fixed amount. In man, this is equal to the expenditure of from eight to ten days force. In other words, man's reserve is equal to ten days' outgoings. Such is the time a shipwrecked sailor, or an imprisoned miner, or a dying person past anything but mere moistening of the lips, will sur-

vive. The fund of force-capital will, alone and unsuccoured, carry a man over ten days' ordinary outgoings. In the hybernating animals, the stored-up fat has its consumption economised by a cosy non-conducting medium around, and a body-temperature as low even as 34 degs. Fahrenheit, is sufficient to support the life of the animal through a long winter.

The necessity for food to maintain the temperature is seen in the daily allowance of fat to the Esquimaux in winter, and in the tendency for the Arctic voyager to consume inordinate quantities of fat, by which means he sustains the extreme cold. As a contrast to this may be adduced the case of the *Arracan*, a barque which was recently burned in the Indian Ocean. There were four persons in one boat, with provisions which, though carefully husbanded, were consumed on the fifteenth day. After this they had only one bird devoured among them, and sea-blubber for which they dived, an unknown factor, and some blood from the head of one of themselves. Yet for seventeen days longer did these unfortunates survive, when they were picked up by a passing ship. Ultimately they all recovered. The conclusion which is unavoidable is, that this long survival was alone rendered possible by the high temperature which surrounded them. Had they been in cold regions they would have soon succumbed, because their stores would have been burnt out, expended in maintaining their body-temperature, and so would not have been available for conversion into action.

In the same way the stored-up force of the body can, with very slight aid, maintain life for about ten days in the sinking invalid, if the person be in bed, with the loss of body-heat reduced to a minimum by bed-clothes, and the demands upon the system also reduced to the lowest point. If exposed to cold, the invalid would soon sink in the attempt to maintain a temperature compatible with life. But, protected against such loss, the body-stores are available for other ends, viz., the manifestation of force.

It would appear that, while all manifestations of energy evolve heat as an outcome of the combustion going on, whether in muscular or in cerebral action, the converse does not hold; and the food-fuel, freely burnt by the Esquimaux to maintain his temperature, does not in undergoing oxidation produce any obvious action, or serve any other end than the mere production of heat.

Hydrocarbons furnish the bulk of our acting force, and are the fuel of the body *par excellence;* but nitrogenised materials also furnish force in their oxidation, though to a much less extent. Nitrogenised food rather evokes the manifestations of energy than provides the material convertible into force. This subject will engage much of our attention when considering the question of the relation of stimulants to the body-fund of force, in the treatment of disease.

In the normal condition of man, the daily production of energy is regulated by the amount of food taken and assimilated, and especially by the nature of that food. It is well known that a man cannot undergo, without a distinct sense of fatigue, the same amount of physical exertion after a meal of fish than he can after an equal weight of beef or mutton, or still more of bacon. It is not by any means equally well known that the same holds good of intellectual effort. It is not our own individual experience merely, but that of observant friends, that a sustained effort of several hours' continuous writing is quite feasible after a breakfast of fat bacon, which is impracticable after an equal quantity of fish. The concentrated force-bearing food, animal fat, is, weight for weight, convertible into a much larger and more serious piece of brain-work than is a less concentrated form of food, as starch, or even than fish, laden with phosphorus though fish may be. Such is a simple fact. On the other hand, when there is a good reserve-fund of force capable of meeting heavy demands, then a meal which may contain rather those constituents which are manifestors of energy than the bearers of force—which enable the individual to convert his stores into actual force—may enable that person to evoke a larger amount of force than he could evolve by a meal of force-bearing food. It is obvious, however, that such demands upon the reserve fund must be made in moderation, else the physiological capital will be reduced below the safe minimum, and the man will be approaching the verge of physiological bankruptcy. The widespread use of neurotics, of nitrogenised vegetable stimulants, over the face of the globe, stands in a curious relationship to the manifestation of energy, to the conversion of hydrocarbons into force within the body. By such combination does man, especially civilised man, find that he can get more out of himself; and, in the keen existence of modern times, some such combination seems actually necessitated. In the abuse of such means of giving out force do we find the explanation of much of the prevalent ill health, and even actual disease, of our times; the body-machine is worked at too high a pressure, and early exhaustion is induced. We are all familiar with the exhaustion produced in a woman, perhaps a strong and healthy girl at first, by repeated and quickly successive pregnancies and lactations. The organism is prematurely worn out by the excessive demands made upon it first by the fœtus, and then by the suckling babe. The mother's system is worn out, and she quickly succumbs to intercurrent disease, or falls into a condition of impaired health, or lowered vitality. She has largely exhausted her physiological capital in manifestations of force.

In the same way, at the end of a summer season, a member of a hospital staff may feel himself exhausted by the efforts made during the winter and

summer sessions. He feels that a slighter and less sustained effort is sufficient to exhaust his powers, that a lighter day of toil is enough for him, and he seeks in the conntry, in fresh air, simple food, long hours of rest, and in pleasant and agreeable recreation or indolence, that restoration of his force-fund, that which he feels desirable, and even imperatively necessary. For it is not merely the storing up of fat, or sugar in the body that is to be aimed at. Such accumulation alone is practically useless; it must be accompanied by the capacity to convert these stores into force, or it is of no avail. There must be also some action of the nervous system, at which we can as yet only guess, which produces the conversion, and which is indissolubly connected with an unexhausted condition of the nerve-centres. We all know that a man may be weighty and obese, and yet we recognise that he will not withstand a severe call upon him, such as by acute disease. We say he has not the requisite stamina in him; but what that stamina is, we do not yet know. We know that its presence endows him with resistive power, and enables him to successfully undergo severe demands upon his vital forces. He seems much in the position of a bank whose funds are locked up in securities which cannot be readily realised, and so are not practically available in the hour of need. It is nearly as bad as not having the funds at all.

Nevertheless, the stores of force which can be called out at the time of need, which furnish the body heat, muscular action, or nerve-force, and intellectual labour, and are all originally furnished to the system by the food taken in and assimilated—food either furnished immediately by vegetable forms or mediately through herbivorous animals; without food the system soon exhausts the reserve it normally possesses, and perishes by actual starvation. The reserve fund, too, is itself an important matter not only as a means of maintaining life when the system is from any cause deprived of nutriment, but also as a means of securing the active working of the system in its daily toil.

This division of the whole question may fitly be terminated by a brief consideration of the position of alcohol in relation to food and force. It has been too much the fashion to overlook the fact that alcohol is one of the most readily combustible of the hydrocarbons, and that in its oxidation it furnishes heat or force. The recent researches of Anstie and Dupreé are establishing beyond doubt the oxidation of alcohol within the body; and, if that be established, alcohol is a force-bearing food, of a readily available character. After all, the navvy's notion that a pint of sound ale enables him to get through the last hour of his toil all the better, may not be an ill-founded one. For ale usually (the fuller bodied ales certainly) contains a large amount of carbo-hydrates in what the brewers terms "saccharine", so that there is not only the alcohol, but also the other force-bearing material in a readily oxidisable form furnished to the organism in the much loved draught. That, in addition, the action of the alcohol upon the nervous system is such as to unlock a certain amount of the reserve-store, is something more than probable. Nevertheless, the borrowed sum may be repaid by the liberal supper, and the navvy or carter may have found out empirically the practically easiest, and, perhaps, even the most economical method of raising the force requisite for the discharge of the last portion of his day's labour. But, still, the ale does actually furnish a readily available force-bearing food, besides enabling the individual to borrow from himself.—*British Med. Journal.*

SALTS OF LEAD IN EYE-WASHES.

The use of the salts of lead as local applications to the eye. It is nothing new that these salts form insoluble precipitates when exposed to the action of the secretions of the eye, and that where there is abrasion of the surface of the cornea from wounds or inflammatory process the use of these agents may lead to the formation of opaque white patches, which disfigured the beauty of the eye, and when they lie before the pupil interfere with vision. Most of the modern writers on the eye refer to these lead deposits on the cornea, and some of them caution against the use of lead applications in case of corneal ulcer; yet nearly all speak of preparations of the acetate of lead among others to be used in a class of cases in which ulcerations are most likely to occur. Thus Soelberg Wells, author of the standard English work on diseases of the eye, speaking of the treatment of phlyctenular ophthalmia, of acute and chronic granular ophthalmia, and of chronic granulation, recommends acetate of lead applications. On page 71 he says: "But if any infiltrations or ulcerations of the cornea exist, the acetate of lead should never be used, as it will be precipitated upon the cornea and give rise to very marked stains." On page 77, after recommending acetate of lead along with sulphate of copper, and nitrate of silver, in the treatment of chronic granulations, he says: "Great care must be taken never to order any preparation of the salts of lead if there is any abrasion of the epithelium of the cornea, or any ulcer of the latter, as it will produce an indelible lead stain." As if in these diseases ulcerations and abrasions of the surface of the cornea, though not at first presenting, were not constantly liable to occur, so that no care likely to be taken will prevent the liability to the formation of these indelible lead stains. Abrasions of the cornea are not only liable to occur in these diseases but are easily overlooked, and may not in every case be readily detected except by the use of a lens and oblique illumination, and

in this way the danger of lead stain becomes still greater. That this danger is not merely theoretical, my own frequent experience has taught me. Nothing is more common, especially in hospital practice, than to have patients present themselves with a white patch on the cornea, which is recognized as a lead deposit—perhaps just before the pupil, abolishing all useful vision—the history of the case being that the patient, having an inflamed eye, got a prescription from a physician, very likely without any caution as to its use, or a wash from the nearest druggist, or somebody's "Eye-water." The inflammation may have passed away, but the application used to relieve it has left its mark forever. Or the patient may have used the remains of a lotion prescribed for some former trouble, in which there was no abrasion of the cornea, in some subsequent attack in which abrasion did occur, with a lead stain as a result. Or, as often happens, a patient gives to a friend, suffering from what seems to him the same trouble, the wash which has afforded relief to his own symptoms, but does that friend an irreparable injury. Another frequent and provoking experience is, that a patient with some chronic affection of the conjunctiva, though frequently told from the first of the obstinate nature of the disease, gets discouraged and disappears for a time, to return with a disfigured cornea, the result of using a lead wash obtained on a physician's prescription, or the gift of some officious friend.

I go into these details of my experience of the evil results of the use of a popular prescription, sanctioned by the authority of some of the best-known writers, to show how liable such accidents are to occur, and to justify my opinion that lead applications to the eye should be wholly discarded, and the public be taught to look upon them as dangerous. Certainly there is no necessity for using this remedy, when there are so many others equally good, and their use unattended by such dangers. Williams, of Boston, is the only authority I have consulted who takes this common-sense view of the matter.—*Dr. Mathewson, Med. Record.*

FISSURE OF THE ANUS.

CLINIC BY ERSKINE MASON, M.D., ADJUNCT PROF. OF SURGERY IN THE UNIVERSITY MEDICAL COLLEGE.

To-day, gentlemen, I propose to show you some cases of fissure of the anus, and a case of the ulceration within the sphincter, giving you as in my former lectures, a brief description of these affections as regards their general history, symptoms, diagnosis and treatment.

The symptoms of which the patient complains are usually these:—Great pain on movement of the bowels, and this often lasts for a considerable time after an action of the bowels. The character of the pain is often compared to the passage of molten lead, or a hot knife cutting or tearing the bowel. Indeed, in aggravated cases the pain is so severe at this time as to compel a patient to lie down and rest. As a result of all this, a movement of the bowel is constantly dreaded, and in some instances is postponed for days, which sooner or later brings about dyspeptic symptoms, and render the patient's condition truly miserable. Nor is pain only an attendant upon going to stool; while exercising or even when sitting down, they may be subjected to sharp lancinating and bearing-down pains. You also read, if you do not meet with cases, where the uterus and bladder are so affected that the source of trouble is supposed to be located in these organs; pains in the back and limbs are also a very frequent accompaniment of fissure. If you will carefully study the anatomy of the nerves supplying this region, you at once see why these symptoms are present. A spasmodic contraction of the sphincter muscle is very often present; and a slight discharge of blood may be noticed at times, especially while at stool, which leads the patient to believe is the source of his hemorrhoids; the pain experienced from this affection has often led people to suppose they had cancer. The cause of this severe pain is due no doubt to exposure of some nerve filament to pressure of the fæces, and into such a state of irritation or inflammation does it pass, that the slightest touch, or the pressure of the opposite side of the bowel, is sufficient to bring about these distressing symptoms.

The cause of fissure you will often find due to constipation; the passage of hardened fæces tearing the delicate mucous membrane. A not unfrequent cause in the female will be found due to the acrid discharges which at times are observed from the vagina, which produces excavations around the verge of the anus. In this hospital we meet with great numbers of these fissures, a result of venereal disease. These, with the want of cleanliness on the part of some, will constitute the enumeration of causes.

This affection is met with at all ages. It is very common in females, and especially in young girls, whose constipated habits render them peculiarly prone to it, and who often, through a sense of delicacy, suffer for years before seeking proper relief, and from this cause you may see quite a train of anomalous symptoms presenting themselves, which may all have their starting-point from a fissure of the anus. Now, with reference to treatment, and this may be divided into both medical and surgical; the latter, however, is by far the most satisfactory in every way, and we might say almost in a moment cures the patient. Under the head of medical treatment, we place first

the use of mild cathartics, so as to render the fæces more soluble; this, however, but mitigates suffering for a time. Second, the application of astringents and sedatives, as belladonna, zinc, tannic acid, or any other astringent, as nitrate of silver, to the fissure itself. This certainly will greatly relieve the pain at times, and in young children, and at times even in adults, has been known to cure; but you should not place too much dependence upon it, nor waste them by prolonged use of these means if you can avoid it. When they act as curative agents, they do so by destroying the exposed filaments of nerve in the ulcer or fissure, and the parts are then put in a state of rest, and then the fissures takes on healthy action and heals.

Our surgical treatment acts just in this way, viz., by putting the parts at rest. This is accomplished by either of two methods: over-distending the sphincter, paralyzing it for a time by means of the fingers; or else dividing the muscle with the knife. I will put in practice on these two patients both these methods, so you will see exactly how it is done, after I have given you a slight description of them.

Both these methods I believe we owe to French surgeons; the division of the sphincter to Boyer, the over-distension to Recamier. Over-distension is now perhaps more frequently done in this city, certainly in this hospital. In doing this we may make use of an instrument that has been devised for this purpose, which is very much like a bivalve speculum, the blades of which are caused to separate either by closing the handles, or by means of a screw. When you use the fingers, which I think are far better, you place your two thumbs well into the rectum so as to include the whole of the sphincter, then, grasping the buttocks with the fingers, you forcibly distend the sphincter as you bring the thumbs against the tuberosity of the ischium. This at first sight may appear a very rough and harsh mode of operating, and is so regarded by some, who, I believe, for this reason denounce it, and again because it has been said to have given rise to undue laceration of the tissues, and troublesome hemorrhage. I have resorted to this means a great number of times, and have never seen any bad results follow. It is true, I have heard of considerable bleeding taking place after its use, and of one case where cellulitis followed. When we use the knife we draw the blade through the centre of the ulcer or fissure, so as to divide the mucous membrane (if it has not already disappeared under ulceration) and some or all the underlying muscular fibre of the sphincter. Whether to divide all or only a portion of the muscle, is a disputed point. That a superficial incision will suffice, in many cases, in relieving pain and curing the disease, I know from personal experience, and it does so just in the same way that a caustic may act, viz., in dividing an irritable or inflamed nerve. Should you desire to be more certain of the result of the operation, a free division of muscle, thus securing a longer period of rest to the parts, is best, and by many this is always done. Even after either of these methods, in a few days the normal action of the muscle is restored as a rule. I have heard of cases where its normal condition did not return after forcible distention, and patients as a result suffered from incontience of fæces; they must be extremely rare, else we should have heard more of them. Some have seen fit to combine both these methods, and in some instances it may be of service; thus a few weeks ago, after stretching a muscle as far as I deemed safe, and yet on withdrawing the thumbs it did not appear as if distention had accomplished enough to paralyze or impair its tone, I drew my knife through the fissure, and the result was most gratifying. Both these methods have their strong advocates; they are both excellent and will accomplish a cure. If you operate without either, the knife is the least painful, and if the fissure is but slight and superficial, a slight incision is all that will be required; should the patient (as some always do) have a great dread of the knife, we can effectually relieve them by means of our fingers. Though myself practising over-distention more than incision at present, I am not quite prepared to recommend one method as much superior to the other. In those cases, which for want of a better name, we call neuralgic affections of the rectum, and which often is accompanied by spasmodic contraction of the sphincter, we have a group of symptoms very like those caused by fissure. Yet no ulcer or fissure is detected. In these cases, over-distention of the sphincter is the operation to be practised. With reference to the after-treatment, there is but little to be said. As a rule it is but necessary to keep the patient in bed; but for a few days you had better keep him quiet, preventing him from taking exercise, as walking or standing for any length of time. I have had patients after the operation of incision, or over-distention of the sphincter, resume their ordinary occupation on the following day and no trouble follow. I do not advise you, however, to allow your patient to do so in cases where you can as well prevent it. After the operation, patients as a rule are at once relieved of pain, and are rapidly restored to health. In weak, nervous patients, who have long been sufferers, some little interval will at times elapse before all symptoms which they formely suffered from will cease; and here you must pay attention to their general condition, such as the issue of tonics, proper diet, and out-door exercise. In speaking of the operation by incision, or dividing the sphincter, I omitted to tell you that even if there be more than one fissure present, one incision will suffice, that being sufficient to place

the parts at rest. In those cases of perineal fissure in the female, do not be too free with your incision in that direction, else we might have incontinence of fæces follow. This, no doubt is due to the action of the transverse perineal muscles as well as the other muscles around the vagina which take origin from the perineal centre or body, by their traction keeping the parts from healing. Again, by a too free incision in this locality we may weaken the part which is known in the female, by anatomists, as the perineal body, and upon which the integrity of the female perineum depends.—*Medical Record.*

THE PASSAGE OF THE HAND INTO THE RECTUM.

PROF. SIMON'S CLINIC HEIDELBERG.

The subject of rectal and vesical explorations, which has attracted so much attention in England and America during the last two or three years, was illustrated by Professor Simon upon this patient in the most practical manner. The passage of the hand into the rectum as a means of diagnosis, I believe, originated with him, and, bold and reckless as the procedure may appear to many, it is destined, when better understood, to prove a most valuable means of diagnosis. To be able to pass the hand and arm, per anum, to a point in the abdomen that the left kidney and false ribs can be felt, and the abdominal wall, of the same side, to the median line, be lifted up, at every point, upon the ends of the fingers, seems almost incredible; and yet I saw this practised by Professor Simon upon his patient. Both Mr. Wells and myself, at the request of the Professor, made the same exploration, with a satisfactory result.

From what I have seen and heard of this procedure, at the clinique of Professor Simon, I am convinced that the dangers and accidents supposed to attend it have been greatly exaggerated. He says he has met with no difficulty, except, now and then a little incontinence of the fæces, which, however, continues only two or three days. The preparation for the operation consists in complete anæsthesia and in thoroughly washing out the large bowels. The late Professor Simon prefers to do so by hydrostatic pressure, using for this purpose a graduated glass cylinder with a faucet near its bottom, and a long rubber tube terminating in the ordinary clyster nozzle. From two to three quarts of water usually suffice, the apparatus is held by an assistant three or four feet above the patient. Professor Simon has now operated eight times through the anus for recto-vaginal fistula, and he thinks the procedure is preferable to the ordinary method where the fistula, and he thinks the procedure is preferable to the ordinary method where the fistula is situated high up. Why not approach the male bladder in the same manner, in cases of of chronic catarrh and ulceration, and of great enlargement of the prostrate gland where micturition is attended with difficulty? Cystotomy, under such circumstances, I have long thought to be not only a justifiable procedure, but one likely to be attended with good and encouraging results.—*Dr. N. Bozeman, Med. Record.*

A NEW METHOD OF APPLYING PLASTER OF PARIS BANDAGE.

As I have experienced considerable difficulty in removing plaster of Paris dressings when applied by the roller bandage, and especially when obliged to remove them on account of pain caused by an increase of the swelling, I respectfully submit to the profession a method of application by which these disadvantages may be avoided:

Having procured a woollen or cotton stocking sufficiently long to reach to the knee-joint, I cut from it, as a pattern, six layers of coarse red flannel (one-quarter of an inch larger to allow for shrinkage). The flannel is then soaked in water, pressed, and laid over the back of a chair ready for use. A one-quarter-inch cotton rope is now sewed to the posterior median line of the stocking. The plaster of Paris being in process of preparation, the stocking is cut in the anterior median line, applied to the fractured limb, and laced up in front, including the rope, extension and counter-extension being kept up by assistants, and the fracture adjusted.

Each layer of the flannel is now separately saturated in the plaster paste, and applied, three layers to each side of the limb, being careful to avoid covering the rope. After this is done, a layer of plaster paste is applied to the flannel, and, when this has become sufficiently dry, a coating of shellac varnish is applied, which produces an elegant finish, and also gives firmness to the splints. The varnish will dry in about fifteen minutes.

This dressing can be removed in from three to five minutes, by loosening the rope from the plaster and cutting the thread which binds it to the stocking. The rope having been removed, the plain stocking surface can be cut through with an ordinary pair of scissors. The splint is then removed in two lateral portions, each half of the stocking remaining attached to its corresponding splint.—Dr. WACKERHEGEN, *N. Y. Med. Jour.*

TETANUS CURED BY NITRITE OF AMYL.

The patient was a convict at the penitentiary on Blackwell's Island, and under charge of Dr. N.

F. Curtis, of the Charity Hospital staff. Three days before tetanic symptoms set in, had received an injury on the skin from a fragment of stone. Beyond the wound no signs of trouble manifested themselves till the attack was induced by exposure to cold. The first symptom noticed was a loss of consciousness; but it proved, from the after-history of the case, that this was not complete, as the patient, during the paroxysm, suffered severe pain in the wound, with darting flashes upward. When examined next day by the physician, tetanus was well marked, but, after the administration of five drops of the nitrite of amyl by inhalation, the muscles were very much relaxed, and the patient decidedly relieved.

Ten minims of Magendie's solution were given hypodermically afterward, and followed by a hot-air bath. Next morning the case was so far relieved as to allow of the mouth being opened one-fourth of an inch.

The patient never had epilepsy. The case was of considerable interest, in showing the immediate benefit from the inhalation of the nitrite of amyl, not only in checking the muscular spasms, but also in quieting the pain.—*N. Y. Med. Jour.*

DOUBLE CANCER OF THE BREAST IN A MALE.

The *Medical Times and Gazette*, of August 1st, contains the history of an extremely rare case of the above, occurring under the care of Mr. Wagstaffe, at St. Thomas's Hospital. The patient was sixty-one years of age, well developed and well nourished, and a blacksmith by trade.

In the left breast the disease had begun eighteen months previous; grew without pain during eleven months; during the last month only, had caused shooting pains and interfered with the use of the left arm. The skin covering the tumor was red, thin, and adherent. Below and to the outer side of the nipple the growth projected as a smooth, hard, semi-elastic, oval mass, about two inches in transverse diameter, somewhat nodulated toward the nipple, which was retracted.

In the right breast the lump had been noticed for three months; could not be seen, but could be felt, as a small nodule, under the nipple. No abrasion of the surface on either side, nor any discharge from the nipples; no distinct enlargement of the axillary glands, but there was some doubt about those on the left side.

Both breasts were removed at the same sitting, by semilunar incisions; the wounds healed rapidly; and at the end of two months there was no return of the disease. Careful examination of the tumors showed them to be typical scirrhus.

In the remarks appended to the case occur the following points of interest: It is surprising, if cancer by preference attacks organs undeveloped and retrograde, that it appears so rarely in the male breast; that, in this case both breasts should have been affected, with no evidence of universal dissemination, or constitutional disease, not even lymphatic glands being involved. There was no family history of cancer, and the disease could not be attributed to any local cause.—*N. Y. Med. Jour.*

TRANSFUSION OF BLOOD IN ANÆMIA BY THE IMMEDIATE METHOD.

The anæmia of the patient was brought about by a necrosis of the tibia seven inches in extent. Iron and other tonics failed to cause any perceptible improvement, and it was decided to try the effect of transfusion to him by the method employed by Dr. Joseph W. Howe, who performed the operation in this case.

The apparatus consists of an aspirator with tubes and needles so adapted as to transfer the blood from the donor to the recipient. The instrument is prepared for use by first placing it in a vessel of warm water, and putting into the barrel of the aspirator a solution containing ten grains of the carbonate of ammonia.

The patient was prepared by cutting down on the cephalic vein of the arm and exposing it. (This is only done when the vein cannot be detected through the skin.)

Before inserting the needle in the vein of the donor, a bandage was tied around the arm tight enough to compress the veins but not the arteries. When everything was ready, the needles were inserted into each patient, and six ounces of blood allowed to flow first into the instrument, and then continuously injected into the patient. Immediately after the transfusion, the pulse became fuller, the appetite and strength increased, and continued so for one week, when anæmia again became noticeable. The patient now refused to have the operation repeated, on the ground that he might receive some disease with the transfused blood.

Dr. Howe has practised transfusion in this way on four cases, and so far without any bad results. —*N. Y. Med. Record.*

Medical Items and News.

Dr. Sidney Ringer and Wm. Murrell report in the *Lancet* excellent results in the treatment of winter cough and bronchitic asthma by the inhalation of ipecacuanha.

LIFE SUSTAINED BY NUTRITIVE ENAMATA FOR A PERIOD OF TWENTY-TWO DAYS.—At the last meeting of the Bristol North District Medical Society, Dr. J. B. Whitaker, of Fall River, Mass., reported the following case: A strong muscular man, 32 years of age, strictly temperate in all his habits, on the 3d day of May last, drank, by mistake, about three ounces of very strong, caustic potash lye. Antidotes were administered as soon as possible, but the injury was so severe that for thirty-nine days the patient could swallow only the most dilute liquids, and nutrition was aided by injections of beef-tea, gruel, &c. At the expiration of this time, a complete stricture of the œsophagus was formed, which prevented all attempts at deglutition for twenty-two days following. Efforts were made to overcome the stricture by the use of bougies, but not even the smallest could be passed. The patient was seen by Dr. Knight, of Boston, in consultation; and after a careful examination with the laryngoscope, and vain attempts to pass an instrument through the stricture, an unfavorable prognosis was given. Subsequent efforts, however, to dilate the stricture were successful, and a small bougie was passed into the stomach, after which a larger one, so that the patient could swallow fluids, and was improving satisfactorily. Subsequently, an attack of pleuro-pneumonia set in, from which he died seven days after the stricture had been overcome. The following is a summary of the case; Thirty-nine days supervened from the time of the accident to the formation of a complete stricture of the œsophagus. For *twenty-two days, the patient was wholly sustained by nutritive enemata;* and for seven days previous to his death he was able to swallow liquid nourishment with tolerable freedom.—*Boston Med. & Surg. Journal.*

PHOSPHORUS PILL—Take of Phosphorus, 2 grs; Balsam of Tolu, 120; Yellow Wax, 60 grs. Put the phosphorus and balsam of tolu into a Wedgwood mortar about half full of hot water, and when the phosphorus has melted and the balsam has become sufficiently soft, rub them together beneath the surface of the water until no particles of phosphorus are visible, the temperature of the water being maintained at or near 140°. Add now the wax, and as it softens mix thoroughly with the other ingredients. Allow the mass to cool without being exposed to the air, and keep in a bottle immersed in cold water. It may be softened with a few drops of rectified spirit when made into pills. Dose, 3 to 6 grains.—*British Pharmacopœia.*

Dr. C. J. B. Williams has been appointed Physician Extraordinary to Queen Victoria. A well-merited honor, say the English medical journals.

NELATON'S METHOD OF RECUSCITATION FROM CHLOROFORM NARCOSIS.—This method of treatment is based upon the hypothesis that death is due to cerebral anæmia, and consists in inverting the body, in order that by force of gravity the blood may be restored to the brain, while the respiration and circulation are renewed. Several striking cases of apparent death from chloroform narcosis have recently been reported in the *British Medical Journal*, in which recusitation was accomplished by long-sustained inversion. The fact that no death from chloroform has been known to occur during labor is explained in this way: that in active labor, there can be no cerebral anæmia, inasmuch as every pain throws the blood violently to the head, producing congestion of the cerebral blood-vessels, thereby counteracting the tendency of the chloroform to produce a contrary condition.—*Boston Med. and Surg. Journal.*

Those of our readers who are subscribers to the *London Practitioner* will be glad to hear that Dr. T. Lauder Brunton is to be the successor of Dr. Anstie. To our thinking the choice is most judicious. We believe Dr. Brunton to be, intellectually, one of the foremost of the London profession. Dr. Anstie is stated to have left a family with very slender resources, and measures have been taken to raise a memorial fund, which it is proposed shall be especially applied to the completion of his son's education, the father's plan for which the family are not in a pecuniary condition to carry out.—*Medical Times*, (Phda.)

APPLICATION FOR BURNS.—M. Lebigot, in the London *Lancet*, recommends the following mixture as having been very successful: Cape aloes, four ounces; water, ten ounces; alcohol (90°), three ounces. The ingredients are to be melted together in a china plate over a slow fire, allowed to cool, and then filtered; after which three more ounces of alcohol are to be added. It is then ready for use. A table-spoonful of the liquid mixed with a teaspoonful of acetate of lead and twenty table-spoonfuls of water constitutes an excellent remedy. It is to be applied morning and evening on the burnt parts.

THE SIMPSON MEMORIAL.—The Simpson Memorial Fund, which now exceeds £6,000, is to be expended in part for a new maternity hospital, and in part for a statue of Simpson. The latter, which will be about twice the size of life, is nearly completed, and will soon be sent to London to be cast in bronze. The late Prof. Simpson is represented as seated, in his gown, and in the act of lecturing. The general effect is spoken of as highly satisfactory, and worthy of the great man whose memory it will perpetuate.—*Medical Journal, N. Y.*

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TORONTO, DECEMBER 1, 1874.

STATE HYGIENE.

The epidemic of small-pox now prevalent in Montreal suggests the enquiry whether our existing Ontario Act relative to vaccination fairly meets all the requirements. We think not, but that, on the contrary, it has fallen far short of accomplishing all that is necessary. The intimate railway connection between the Provinces cannot fail in the diffusion of the disease; it is therefore highly important for the protection of the public that the Legislature now in session should so amend the Act as to make vaccination compulsory. It would surely be a work of supererogation to demonstrate in the pages of the *Lancet* the protective influence of vaccination, as our readers are familiar with Simon's reports, as also with the records of the Army and Navy Medical departments. Dr. Aitkins on this subject remarks, "One very obviously beneficial result of vaccination has not been so much appreciated and noted as it ought to be—namely, that while the epidemic influence of small-pox greatly increased during the practice of inoculation, it has been greatly diminished since vaccination has been adopted. Moreover, it has been clearly shown by the systematic inspections instituted by Her Majesty's Privy Council under the direction of Mr. Simon, that it is hopeless to expect to be free from the fatal epidemics of small-pox of greater or lesser extent, so long as unvaccinated children are allowed to accumulate as they have been found to do."

The Vaccination Act to be thoroughly efficient should provide for the appointment of a health officer or officers for every city, town and township in the Province, who should either personally or by deputy visit every school section, vaccinate, or where the cicatrix is unsatisfactory, revaccinate all the children assembled, and whose further duty it should be to make periodical returns to a central Board of Health. Dr. Balfour and other writers have clearly demonstrated that in the effluxion of time there is a gradual impairment of vaccine protection; this fact should therefore be impressed on the public mind by the newspapers throughout the several Provinces of the Dominion. Another important point to be attended to is the necessity of guarding against the deterioration of the virus of cow pox, which losing its specific property ceases to be prophylactic. This would most effectually be accomplished by the Government making arrangements for the supply of virus once or twice humanized to all health officers. No legislation is more likely to be universally approved than that which has for its object the preservation of the health, consequently of the vigor, mental and bodily, and happiness of the people. As *apropos* to this question we insert a letter from Dr. Gregory, a leading writer of the day, published in Braithwaite's Retrospect for 1841, and whilst agreeing in the main with the argument and deductions, we enter a decided protest against his suggested test for the security of vaccination, viz., by inoculation at distant periods from the date of vaccination. Dr. Gregory thus writes: "Will revaccination protect, and for how long? The true answer, I believe, to be as follows: The value of revaccination is in one sense proportioned to the effect produced. If revaccination produce a full eight day pock with areola, it stands *loco primæ vaccinæ*, and the individual may be said to open a new policy of vaccine insurance, dated from that period. On the other hand if the revaccination produces little or no effect (a mere irritated papula) nothing is taken by the motion. The individual remains in *statu quo ante* revaccination. But then comes the question, will a modified effect serve to fill up the measure of vaccine protection decayed during the preceding ten, fifteen, or twenty years? This is the pinching part of the question. My persuasion is, that you cannot thus multiply degrees of vaccine protection. Two imperfect vaccinations do not, in medical arithmetic, equal one perfect one; no, nor three—nor four nor twenty. Modified or imperfect revaccinations, therefore, in my estimation, are worth nothing. They irritate the arm, and that is all.

The constitution is uninfluenced by them. I may be erring in this, and I am ready to correct the error, if it can be shown to be an error, but all my experience goes to this. The doctrine of proto and deuto-vaccination will soon emerge in that of trito, and ultimately as time creeps on in poly-vaccination, will a man be perfectly safe who is vaccinated every year? I have now brought you to a point which I have been anxious to gain; I have never yet addressed any one, in writing, on the subject, and I now write to you on it, because I see that you have considered it well; that you have thrown off the trammels of Jennerian pathology, and are contented to think for yourself. Observe, I say, Jennerian pathology, not Jennerian practice. I feel assured that you do not view vaccination as a kind of small-pox. The term variolæ vaccinæ was incorrect in pathology. Cow-pox is a something that alters the human blood and indis poses it to take small-pox, but it is not small pox. A coating of gold secures our salt-spoons from the action of chlorine, but gold is not chlorine. Small pox after vaccination is a first attack of small pox, and may be followed by a second, some twenty or thirty years hence. Well, then what is to be done to fortify the public mind in the matter of vaccine security? How long are we to go on thus showing annually or epidemically our practical distrust of vaccination? The sooner we come to a decision on the subject the better. There is one, and only one way, in which that can be done. Not by revaccination, but by inoculation at distant periods from the date of vaccination. Now, vaccination has the extraordinary power of giving to the human body, the singular power of resistance to the variolous effluvium—the antagonistic principle. What wonder, therefore, can it be if time should demonstrate that the power of resistance thus conferred is confined within certain limits, as thus: 1st. The power of resistance is complete (both as to casual and inoculative) for the first ten years of life. 2nd. The power of resistance given by cow-pox ceases *quoad* inoculation, before it ceases *quoad* the casual or infective mode of access. 3rd. The power of resistance given by cow-pox ceases in certain constitutions before it ceases in others. 4th. The power of resistance is diminished by any great changes taking place in the human frame, whether brought about by puberty, change of climate, or a long fever, or lastly by gradual and insensible changes taking place in the system.

These views of Dr. Gregory may be regarded as purely speculative, but the fact is unquestioned that an increased susceptibility to small-pox is maintained up to the age of thirty, after which period it would appear that the chances of taking the disease decline. Mr. Simon from observations made in twenty-four years in nearly 6,000 cases of small-pox contracted after vaccination, thus tabulates the degrees of protection in the following classes: 1. Best protected, having more than two typical marks. 2. Sufficiently well protected having two typical marks. 3. Moderately protected, two or more passable or one typical mark. 4. Badly protected, having bad marks, or only one passable mark.

AMERICAN PUBLIC HEALTH ASSOCIATION.

In the *Medical and Surgical Reporter*, Philadelphia, Nov. 21, is given a report of the second annual session of the American Public Health Association. The Association met in the Hall of the College of Physicians, and continued in session four days. Several very interesting papers and essays were read and discussed. Representatives were present from all parts of the Union. Dr. Stephen Smith, of New York, President, occupied the chair, and Dr. E. Harris acted as Secretary. Dr. Henry Hartshorne delivered an address of welcome, after which he read a very interesting paper on "Excessive Infant Mortality in Cities, and the means of its Prevention." Dr. J. R. Black, of Ohio, next read a paper on "The Influence of Hereditary defects upon the health of the people, with suggestions in regard to Prevention and Eradication." At the conclusion of Dr. Black's paper, Dr. Richardson of Philadelphia made a few remarks. He regarded hereditary disease as the effect of a law of nature the opposite of the "survival of the fittest," and which he had formulated three years ago as the "extinction of the unfit." The "health of the tenement populations, and the sanitary requirements of their dwellings" was the subject of a paper by Dr. Janes of New York, which was read by the Secretary, the author being absent. Dr. H. B. Baker presented a report upon the "Death-rate of each sex in Michigan, and comparison with Dr. Farris' Life Table of Healthy

Districts of England." A paper on "Hospital location and construction" was next read by Dr. J. S. Billings of Washington. He advocated temporary wooden hospitals, intended to last but 10 or 12 years, in preference to large and costly buildings. He also pointed out the special advantage of a floating hospital, on flat-bottomed boats, and containing a certain number of patients. In case of endemics they could be removed from each other. Two valuable papers, one on the "Sanitary relations of hospitals," by Dr. Wm. Pepper, and the other on "Hospital Architecture and Ventilation," by Dr. P. Pfeiffer, of New York, was next read, and with the preceding papers referred to the committee of publication.

In the evening session Rev. Dr. Osgoode of New York delivered a discourse on the "Relations of Health and Higher Culture." He contrasted ancient with modern society, pointing out the evil tendencies of the age. He also referred to the bad methods of cooking food in this country; he said our vices and follies came in great part from what goes into the mouth. The cannon and the sword had at times done terrible work; but the cigar and the whiskey bottle were likely to beat them both.

Prof. S. D. Gross read an article upon "The Factors of Disease and Death after Injuries, Parturition and Surgical Operations." The Dr. dwelt particularly upon neatness in all surgical operations, and cleanliness in the care of wounds, thorough ventilation of hospital wards, &c. He said the mortality in most hospitals was frightful. In his opinion no single ward should have more than six or eight beds, and no hospital more than one hundred patients. He also advocated the establishment of hospitals for convalescents where they would be free from the risk of contagious diseases.

On the second day a paper was presented by Dr. Ezra Hunt on "Building Ground in its Relation to Health and Disease. He strongly condemned the building of houses on foundations made up of earth mixed with refuse and rubbish; such grounds will absorb large quantities of water, and being covered from the sun's rays hold the dampness, and this together with the decomposition which naturally takes place are among the most prolific causes of typhus and typhoid fevers during the winter months. He also strongly advocated the dry earth system for water closets, and thorough under drainage in cities.

Dr. Busey of Washington also read a paper on "The Gathering and Inspection of fresh vegetables, fruits &c." The next paper was by Dr. E. Harris of New York, entitled a report upon the "Vital statistics and the methods of public health administration in the cities and towns of North America." Dr J. M. Toner of Washington then read an essay on "Conditions and Accidents which endanger, limit or prevent vaccination from giving full protection for small pox." He recommended the appointment of public vaccinators by State and City Governments. He also referred to spurious vaccination which might even result from the use of good lymph. When the pustule formed earlier than the 8th day it might be pronounced spurious. The vaccine vesicle might be retarded in its course, but if accelerated beyond a day or so its protective character is destroyed. Dr. Snow read a paper on the question, "Does small pox become epidemic?" in which he stated his belief that it was not so, in this country at least. Important papers connected with sanitary science were next read by Dr. Bell, Brooklyn, Drs. Brown and Rodenstein, New York, Dr. Miller of Chicago, Dr. Chandler of Yale College, &c., &c.

Dr. Stephen Smith of New York read a very interesting paper on "The Reciprocal Relations of the Public Health Service and the Highest Educational Qualifications of the Medical Profession." He referred to the growing confidence of American communities in preventive medicine, and expressed a hope that in future the term physician might be better defined than in the past. Dr. Sturgis of New York followed with a paper on the "Relation of Syphilis to the Public Health, and Dr. Beard on "Hay Fever or Summer Catarrh." Several other interesting papers were read which we have not time nor space to refer to. The meeting was on the whole a most interesting and profitable one, and reflects creditably upon the advanced state of public hygiene among our friends on the other side of the line.

Dr. Toner was chosen President, and Dr. Snow Vice-President for the coming year. The next meeting is to be held in Baltimore on the 2nd Tuesday in Nov., 1875.

Before the work of the present session closed Dr. Gross, of Philadelphia, moved the following resolution:

"*Whereas*, It is the solemn duty of every civilized government to provide means for the safety, happiness and preservation of the health and lives of its subjects, and *whereas*, a large number of the diseases

incident to the human race are induced by causes inherent in our modes of living, and by a want of knowledge of the laws of hygiene, therefore be it *Resolved*, That a committee consisting of a member of this Association from each State and Territory of the Union, of which the President of this Association shall be chairman, be appointed to petition Congress at its next session to institute a Bureau of Health to be located at Washington, with a branch at the seat of each State and Territorial Government, and we humbly invite the earnest co-operation of the auxiliary branches of this Association, and of all kindred bodies in the Union in carrying out the objects of this resolution."

TORONTO EYE AND EAR INFIRMARY.

The seventh annual meeting of this charity was held in the rooms of the institute on the 27th ult. After the chairman's address the reports of the secretary and surgeon were read, from which we gather the following :—There were under treatment last October, 7 in, and 23 out patients; and there were admitted up to 30th Sept., 1874, 74 in, and 431 out patients. There were discharged during the year: in patients, 72; out patients, 411. Out of the total number of cases, viz: 535—420 were eye, and 115 ear cases. There has been a marked and gradual increase, from 120 patients during the first year, to 535 during the year just passed. The average stay for each patient is 40 days.

The receipts for the year were $2,852; expenditure, $2,727, leaving a balance on hand of about $125.

The following is the result of treatment: Diseases of the eye under treatment, 30; cured, 116; improved, 114; relieved, 70; incurable, 9. Diseases of the ear cured, 33; improved, 39; relieved, 25; incurable, 5; cases not registered under treatment, 13.

The following officers were appointed for the ensuing year, viz. :—Messrs. A. T. McCord, President; A. Dredge, Vice-President; W. T. Mason, Secretary and Treasurer; and Messrs. William Elliott, Robert Wilkes, M.P., E. J. Palmer, W. J. Macdonell, J. H. Mason, John McBean, William McCabe, LL.D., Samuel Platt, and S. R. Briggs, Directors.

After the moving of a few sundry resolutions the meeting adjourned.

At a subsequent meeting of the new Board, Dr. Roseburgh was appointed senior surgeon; Dr. Coleman, surgeon; Drs. Agnew and Hillary, assistant surgeons; and Dr. C. H. Lavell and Mr. G. S. Ryerson, clinical assistants. Mr. F. Hart was reappointed superintendent, and Mrs. Hart, matron.

THE ONTARIO MEDICAL ACT.

Not long ago the Executive Committee of the Medical Council ordered it to be advertised in the public prints that "upon the conviction of any person practising medicine, &c., in violation of the Ontario Medical Act, one-half of the fine which may be recovered will be paid to the prosecutor." Two months have elapsed since that time, and yet we have heard of no prosecutions. This is not from want of quacks to prosecute, for there are plenty of them in our very midst, but evidently from an unwillingness on the part of the public to interfere, or it may be because the reward is not a sufficient inducement. The penalty attached to a violation varies from $25 to $100, but magistrates generally impose the smaller sum, the half of which is a mere bagatelle. The Executive Committee will therefore either be obliged to hold out greater inducements, or take the matter into their own hands, and institute proceedings. If they do neither, matters will probably remain as they are, until after the new elections, which will take place in June next.

Closure of Victoria Medical School.—Lectures have been discontinued in the Victoria Medical School, the Faculty having resigned its connection with the University. The reason assigned for this step is the want of sympathy and assistance from the University, and not having a sufficient number of students to make it independent of such support, the Faculty wisely decided to close. Arrangements have been made with the Toronto School of Medicine, by which the students lately in attendance at the Victoria School shall be admitted to complete their course of lectures in the former institution without further payment of fees; but none of the members of the Victoria staff have joined the Toronto School, as was at first reported.

MILK-LEG IN THE MAN. — Dr. Wood, in the *Med. Times, Phil.*, reports a case of milk-leg in the man. In May last, the patient was attacked with diarrhœa, which was very obstinate in its character. He was much debilitated in consequence, and was unable to work for ten weeks before the leg became affected. The first symptom was pain in the right knee, followed by swelling, and soon after blue and red spots began to appear over the leg. The swelling continued and the leg became hard, but the pain was not great. The opposite leg was similarly affected, but only to a slight extent. The course of the veins was painted with iodine, iron and quinine administered internally, and good diet ordered, under which he made a speedy recovery.

DISLOCATION OF AND COMPOUND FRACTURE INTO THE ANKLE JOINT.—Dr. Patterson, in the Glasgow *Medical Journal* for July, reports five cases of compound dislocation and fracture of the ankle joint treated successfully without amputation, by the antiseptic method. The strength of the solution used was one of carbolic acid to twenty parts of water. Compound injury to the ankle joint being one of the most serious accidents to which the body is liable, it would seem to be a good test of the superiority of this plan of treatment over all others.

CHLORAL AS A PRESERVATIVE.—This substance is now being used extensively as a preservative of dead bodies for anatomical purposes. It is used by injecting into the vessels a solution of the hydrate of chloral in the proportion of one to ten parts. A mixture of carbolic acid and glycerine in the same proportions is sometimes used, but is not nearly so efficacious as chloral. It maintains the body in a very complete state of preservation, without any sign of decay or any trace of an offensive odor.

METHOD OF USING THE SPECULUM.—Dr. Thomas in his late work advocates the lateral or Sim's method of using the speculum. He regards this as a general improvement on the dorsal position and an advance in gynæcology. In the "Women's Hospital," New York, the levator perinei speculum is the only kind employed, and he believes it will supersede all others. The lateral position is decidedly the best and most convenient for the operator, and will soon be universally adopted.

The number of medical students entered in London since Oct., 187 , is said to have been a little under 1,000. St. Bartholomew's heads the list with 109, and is followed by Guy's with 85.

LEPROSY.—This disease, happily very rare on this continent, exists among some families in the village of Tracadie, New Brunswick. The people are of French descent, and the disease is said to have been brought hither by a French vessel which was wrecked off the coast, 80 or 90 years ago, and having on board a quantity of clothing from Asiatic ports. A hospital has been erected for those afflicted with the disease, by which means they are isolated as much as possible from their fellow-citizens.

ENLARGEMENT OF THE SPLEEN.—Bromide of potassium is highly spoken of by continental physicians as a remedy for enlargement of the spleen. In some parts of Algeria intermittent fevers prevail to a great extent, and, as a matter of course, there are many cases of hypertrophy. The drug is given in large doses—as much as forty-five grains daily, and is almost invariably followed by good results. No other treatment previously employed has given anything like the same satisfaction.

Two of the foremost surgeons of Milan have recently been fined for not giving information concerning a duel which was attended with serious results. The plea of professional secresy was brought forward, but the Court refused to receive it.

DEATH FROM AN OVERDOSE OF CHLORAL HYDRATE.—A young man named Parkinson had a prescription containing half an ounce of chloral put up by a druggist in this city. He went across the road to a saloon and called for a glass of brandy, but instead of drinking it he put in about two-thirds of the contents of the mixture of chloral and swallowed it. He soon became insensible. A medical man was sent for, but he died in a few minutes after his arrival. He lived about twenty minutes after swallowing the dose.

APPOINTMENTS.—Edward Kidd, M.D., of Manotick, Associate Coroner for the County of Carleton. John Livingston, of Silver Islet, District of Thunder Bay, Associate Coroner for the District of Thunder Bay. James McGarry, M.D., of Drummondville, Associate Coroner for the County of Welland. Jonathan Wilkinson, M. D., of Woodbridge, Associate Coroner for the County of York. John Lawrence, M.D., of Paris, Associate Coroner for the County of Brant.

TRANSFUSION.--The operation of transfusion is being resorted to very frequently of late as a means of prolonging life among consumptive patients. We copy a report of some interesting cases that took place in Fall River, Mass., and we observe from the columns of the *Inter-Ocean* (Chicago) that some of the doctors in that city have been trying similar experiments. It is stated that the parties experimented upon were far advanced in consumption, and that they were invariably benefitted by the operation. Some of them were so revived and strengthened as to be able to make a journey to the south for the winter.

Toronto Hospital Reports.

TWO CASES OF CUT-THROAT.

UNDER THE CARE OF DR. BETHUNE.

(Reported by J. R. Clark, Medical Student.)

CASE No. I.—James Wightman, aged 66, a resident of Scarboro, was admitted into the hospital on the 27th of October. The wound, which was self-inflicted while alone, with a razor, was about 4 inches long, extending across between the larynx and hyoid bone, severing the thyro-hyoid membrane, opening the air passage, and leading into the pharynx. There was considerable hemorrhage. He was found a few minutes after, and the wound dressed by a medical man, who inserted a number of sutures and afterwards brought him to the hospital for further treatment. The patient can assign no particular reason for the act. He was accustomed to moderate drinking and had indulged rather freely for several days previous, and was slightly intoxicated at the time he committed the act. General health very good when not drinking. He is labouring under mental depression. His father died of consumption. He has never had syphilis; had scarlet fever when young; had an ulcer on the left leg about four years ago; there is still a varicose condition of the veins present, and he wears an elastic stocking.

Oct. 28—Pus has formed in the wound; the sutures have sloughed out and the wound is gaping, bringing into view the epiglottis and chordæ vocales. His nervous system is suffering somewhat from shock, but there is no delirium; says he is sorry for having done the deed. Respiration normal; temperature about 98; pulse 70; appetite pretty good; passes urine without difficulty. He is fed by a tube passed into the mouth and down the œsophagus, and receives about six pints of milk with beef tea, and 8 oz. of whiskey in the 24 hours.

Nov. 7th—He complains of fulness of the stomach; tongue slightly furred; has had diarrhœa; skin dry; he is becoming weaker.

Nov. 10th—Patient much improved; wound granulating nicely.

Nov. 13—Still improving.

Nov. 28—Wound nearly healed.

CASE No. II.—Cornelius Scanlon admitted Nov. 15; aged 37; married; tavern-keeper by occupation; resides in Toronto. The wound was inflicted by himself, with a tobacco-knife while labouring under an attack of delirium tremens on the morning of admission. The wound is situated below the hyoid bone and extends into the larynx. It is about two and a half inches long, extending from left to right and from below upwards. It bled a good deal, but had stopped before he was seen. A medical man was called and inserted a number of sutures. He was then sent to the hospital.

He had delirium tremens several times, and is now slightly depressed in spirits. Family history good; no tendency to hereditary disease; had syphilis about eight years ago and was salivated.

Nov. 16th—Pulse 82; respirations 26; appetite good; can swallow his food without any difficulty. Tongue furred and brownish, bowels regular, urine scouty and high colored, and passed with difficuity; skin cool and moist. Ordered 1 lb. bread, 1 pt. beef tea, and 2 pts. of milk per day.

Nov. 20th—Pulse 100; headache; bowels slightly constipated.

Nov. 25th—Improving; wound healing by granulation.

ABSCESSES THE RESULT OF TYPHOID FEVER.

(Under the care of Dr. Geikie.)

Thos. Worth, aged 50, labourer, native of England; has lived in Toronto for several years past; always healthy previous to the present illness; of steady habits; was admitted into the hospital Nov. 21st; no family history. He had had a severe attack of typhoid fever, lasting seven weeks. Abscesses had formed—one under the pectoralis major, and another at the wrist. He was very weak, almost moribund and speechless when sent to the hospital; pulse about 140; hectic symptoms. Both abscesses were immediately opened and large quantities of unhealthy pus removed. Diet—Eggs, milk, beef tea and bread, and 8 oz. of whiskey daily. Treatment:

℞—Quiniæ sulph. grs. xvj.
Tr. Ferri mur. ʒj.
Inf. Quas. ad. ʒviij—M.

Sig.—A tablespoonful every four hours.

Nov. 22—Vomiting occasionally; pulse 100; temperature normal; skin moist.

Nov. 23—Vomiting ceased; complains of great pain in the back; left foot swollen and œdematous, due to a thrombotic condition of the veins.

Nov. 25—Respirations 32; pulse 120; skin moist and bowels regular. Swelling of the foot continues the same.

Nov. 26—Continues about the same with slight improvement.

Nov. 28—Improving slowly and is likely to make a good recovery.

CASE OF ACUTE BRIGHT'S DISEASE.

(Service of Dr. Geikie,)

James Larmour, aged 52, native of Ireland, flax-dresser, was admitted into the hospital Nov. 17. He was in the British army for twenty-one years; resided in India for some time; was in the siege of Lucknow; has been a hard drinker, but had always been healthy before the present attack; no family history. He has resided in Toronto for the past 13 years; was sick for about two weeks prior to his admission, having had a bad cold. The first thing he noticed was that his urine was very scanty, and shortly after, his feet began to swell. The swelling extended upwards to the body, and involved the scrotum and penis to a marked extent. There was little or no pain in any part of the body. He had a dull expression of the countenance, face puffy, and double vision. His appetite was very good, tongue clean and bowels regular, pulse 90. There was difficulty of breathing, oppression and slight cough. The urine was highly albuminous; Sp. gr. 1010; reaction alkaline, and contained granules and epithelial casts, but no crystals. Diet—1 lb. bread, ½ lb. beef, ½ lb. potatoes, 2 pints of milk. Treatment:

℞—Tr. calumba. ʒiss.
Pot. acetatis, ʒij.
Sp. æth. nitrosi, ʒj.
Inf. scoparii ad., ʒviij.—M.

Sig.—A tablespoonful every six hours. Also:

℞—Ext. taraxaci fld., ʒij.
Pot. bitart. ʒj.
Sod. et pot. tart. ʒj.
Aquæ ad. ʒviij.—M.

Sig.—A tablespoonful every four hours.

Ordered to be kept warm and comfortable. Sponged occasionally and rubbed with a coarse towel. Under this treatment he commenced to improve, and has gained steadily ever since.

Nov. 30—He is nearly convalescent, and will soon be able to leave the hospital.

Reports of Societies.

TORONTO SCHOOL OF MEDICINE.

FIRST ANNUAL DINNER.

On Tuesday evening, 10th ult., the first annual dinner of the Toronto School of Medicine was held at the Walker House in this city, and was attended by about fifty of the students of that institution, and some thirty guests. The occasion was in every way a most agreeable one, and was conducted in a manner creditable to the students, who bore the entire expense. A prominent feature of the dinner was, that it was conducted on strictly temperance principles, in accordance with an unanimous resolution of the students. The chair was occupied by Mr. John S. King, and the vice-chair by Mr. Wm. Britton, senior students, chosen for the positions by vote of their fellows. Among the guests seated to the right and left of the chairman, were Rev. Dr. McCaul, President of University College; Prof. Goldwin Smith; Dr. Aikins, President of the Faculty; Prof. Croft; Dr. Thorburn, Dr. Barrett, Dr. U. Ogden, Dr. W. W. Ogden, members of the Faculty. Also, Dr. C. B. Hall, Dr. Reeve Dr. McCallum, of the City Hospital, Dr. Geo. Wright, Dr. McFarlane and Dr. Langstaff, of Richmond Hill. On either side of the vice-chairman, were Dr. H. H. Wright, Secretary of the Faculty; Prof. Ramsay Wright, of University College; Dr. Canniff, Dean of Victoria College; Dr. Graham; Principal Cockburn, of Upper Canada College; Dr. Oldright and others. In the general assembly were a few of the graduates of the school, and one or two representatives of other medical institutions. The dining Hall was appropriately decorated, and bore the motto, "Miseris Succurrere Disco." The evening's entertainment was greatly enhanced by vocal and instrumental music, which was contributed by several good amateurs of the city.

Dinner served, letters of apology from some half-dozen invited guests were read, expressing regret at their inability to be present, after which the usual standard and patriotic toasts were submitted by the chairman, and duly honored.

The toast of the "University of Toronto" was responded to by Rev. Dr. McCaul, in his usual able and happy manner.

In proposing the toast of the evening, viz.: that of "The Faculty of the Toronto School of Medicine," the chairman passed a high eulogy upon the *personnel* of the Faculty, and expatiated upon the advantages likely to accrue to all concerned in the interests of the school by such annual gatherings, where a bond of union would necessarily be created, strengthened and perpetuated. The toast was received with great enthusiasm by the students.

Dr. Aikins, in responding, gave a brief history of the school and the result of its labors, and made mention of the fact, that over thirty of its former students were practitioners in Toronto. Other members of the Faculty also responded in entertaining and instructive addresses.

The toast of "University College" was replied to in a most humorous manner by Prof. Croft, who fairly brought down the house. Prof. Ramsay Wright also briefly responded, acknowledging the honor of being a guest, and his great pleasure in meeting with the assembly. He also indicated, in a general manner, the course he proposed to adopt as teacher of Natural Science in University College.

The next toast was that of "Trinity College Medical School," to which the Dean, Dr. Hodder, was expected to reply, but who from illness was prevented. The sentiment was well received and duly honored. Next followed, "Victoria College Medical School," to which Dr. Canniff made a suitable reply, and expressed his friendliness to the Toronto School, from which he had himself graduated.

The chairman then transferred the proposing of toasts to the vice-chairman, who, after a few happy and well-timed remarks, proposed "The Council of Public Instruction," connecting therewith the name of Prof. Goldwin Smith, who, on rising to reply, was warmly received. His speech was a most eloquent and well-timed allusion to the nobleness of the healing art, and the heroism and honor attaching to the truly devoted physician. He also made brief reference to, and pointed out the vast importance of a strict attention to the enforcement of Sanitary Laws, as a means of preserving life. He acknowledged in a kind manner, on behalf of the Council, the honor done them, and expressed his belief that it would be found that the Council would devote its best endeavours to promote the advancement of education, and by this means train men to become in every way worthy to receive the teaching which the medical school could afford them. He resumed his seat amid great applause.

The chairman then gave a patriotic recitation, entitled "Canada the Land of the Maple Leaf," which was well received. Dr. Aikins then replied to the toast of "The College of Physicians and Surgeons of Ontario," and pointed out advantages accruing from the Act as now existing.

"Upper Canada College," the next toast on the list, was ably responded to by Principal Cockburn and Dr. Barrett.

Rev. Dr. McCaul, obtaining permission from the vice-chair, then proposed "The health of the Chairman," Mr. King, and in so doing paid that gentleman a high compliment for the manner in which he had performed his duties, which toast was received with cheers by the students, and duly honored. Mr. King responded in a happy manner, and took occasion to express to the guests the thanks of the students for their presence and countenance.

Drs. Graham, Reeve and Hall made excellent speeches, in reply to the toast of the "General Medical Profession."

Drs. Cameron, Taylor and Miller replied to the toast of "The Graduates of the School.

Mr. McPhedran, a senior student, proposed the toast of "The Freshmen," and in doing so made a very appropriate speech, which was well received and replied to by Mr. Griffin, in a neat though brief speech.

Dr. H. H. Wright proposed the toast of "The Seniors," to which Mr. Renwick made a suitable reply.

"The Press" was proposed by Mr. Sanderson, and duly honored.

"The Ladies" was proposed by Mr. Eakins, and replied to by Dr. Miller.

Mr. Cameron proposed "Mr. Walker, the host," which that gentleman duly acknowledged.

The gathering dispersed at 1.30 a.m., highly gratified with the results of the dinner, after giving hearty cheers for the Queen and the Faculty of the School.

DIED.

At Ormstown, Que., on the 11th ult., John Anderson, M. D., a native of Aberdeen, Scotland, aged 67 years.

At the Village of Gananoque, Ont., after a severe illness, Dr. Wm. Potter.

At North Orillia, on the 2nd inst., Charles J. Robinson, M.D., suddenly, of heart disease.

At his residence, Pictou, N.S., on the 19th ult., George Augustus Christie, M.D., eldest son of Rev. George Christie, Yarmouth, N.S.

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Original Communications.

A CASE OF

CANCER OF THE STOMACH.

By Arthur Jukes Johnson, M.B., M.R.C.S., England; Fellow of the Royal Microscopical Society of London, England, Lecturer on Microscopy at Trinity College, Toronto.

When I first saw Mr. K., on Oct. 24th, 1874, I found him suffering from violent cramps and vomiting, with general epigastric pain and tenderness, particularly in the right hypochondrium. As the matters vomited were of a bilious character, I ordered creasote, ammonia and liq. opii. sed. This relieved the pain and quieted the stomach. At this time, knowing nothing of the history of the case, I thought it was a simple bilious attack.

The vomiting, however, returned within a day or two, and I was again sent for. I now ascertained by enquiring into the previous history of the case, that about two years ago a large mass of frozen earth fell across his back, striking him immediately below the shoulder blades. After this time he never was well, having almost continuous pain in both the right and left sides. Very shortly after this, he suffered from all the symptoms of indigestion, and took a particular dislike to certain foods. These symptoms never ceased; at first there was merely slight pain and no vomiting, but later on all the symptoms became more grave. About this time he remembers having eaten a handful of fresh cherries, swallowing the stones, and although he noticed that they gave him pain at the time, he thought no more of it. It was shortly after this that the vomiting began. Hearing this history I was induced to examine the vomit microscopically, and from the appearances I at once decided that it was a case of cancer of the stomach, and one that would rapidly draw to a fatal close.

I now ordered sulphurous acid and bark, and later on, the oxide of silver, still continuing the creasote and opium when the pain was severe. All these remedies had for a time a good effect, but none seemed to act so well as the first prescription.

In a short time however no solid food could be retained in the stomach, and as even fluids were rejected with the exception of beer, I combined lupuline with the oxide of silver. This, too, had its good effect, but soon became as useless as any other remedy. The vomiting of dark frothy matter continued, sometimes amounting to pints at a single time, until within a few days before his death, when the power of the stomach seemed to be so weakened, that this peculiar vomit came up only in mouthfuls, and then not very often.

Two days before his death, which took place on Nov. 18th, after a slight attempt at vomiting, he threw up about half a dozen cherry pits, and also a few grains of pearl barley. As I could not find out that he could have eaten any cherries since July, or barley for two weeks, it was evident that a pouch existed, most probably in or near the stomach, in which these substances had been lodged.

Fig. No. 1.

(Magnified 250 Diameters.)

Post-mortem examination made thirty hours after death.—On opening the upper part of the abdomen, the stomach bulged up into the wound, being very large and full of air. All along the greater curvature of this organ, there could be felt, rolling about inside, some fifteen or twenty cherry pits.

The pyloric extremity was closely adherent to the liver and pancreas, and was completely invested in a mass of hardened tissue; this mass which also extended into the meso-colon, could in places be broken up into small very hard lumps, about the size of a hazel nut.

On making a section through one of these masses, and examining with the microscope, I found it to consist of nests of irregular cells, contained in a large amount of fibrous tissue.

In some places the fibres completely encircled the mass of cells, in others a mass of irregulat cells was packed in between the fibres. In some parts the circular form predominated, in others the elliptical. In the annexed diagram (No. 1) I have selected a specimen in which both these forms are to be seen, but in which the circular are most numerous.

Having opened the stomach, the cardiac portion was found large, the walls very much thinned, destitute of epithelium, and of a light pink colour, with bright vessels running through them. About midway between the œsophagus and pylorus, a greyish-brown coating began to appear; this gradually increased in thickness and in intensity of colour as the pylorus was neared. Near the pylorus on the lesser curvature this gradually merged into an ulcerating surface about as large as a crown piece. When this peculiar coating was examined, it was seen to consist of a great number of large cells, held together in a thick mucus.

Fig. No. 2.

(Magnified 700 Diameters.)

Most of these cells contained numerous smaller cells and nuclei. In some cases these cells were perfectly circular, in others like large squamous epithelium cells, and in other parts again they were very large and irregular. The cells, a few forms of which are shown in Fig. No. 2, were identical in form and size with those contained within the circles of fibre, and which are shown at Fig. No. 1. This coating appeared to extend all over the ulcerating surface.

Immediately opposite to this ulcerating surface, that is on the lower or greater curvature, there existed a pouch, about as large as a cricket ball, and in this there still remained a number of cherry stones, some seeds of grapes, and a few grains of pearl barley. The pyloric opening would not admit the end of the little finger from the stomach, without a good deal of difficulty. The ulcerating surface was continued through this opening, but immediately the first part of the duodenum was reached, another dilatation was found. This pouch was about as large as a hen's egg, and its distal end was so much constricted, that a small quil would with difficulty be passed through it. On opening this dilatation, it was found to have a small cavity, but with very thick walls. This pouch (which was quite empty) had at each end, a tortuous canal; the one leading back into the stomach, the other a good deal smaller than the first, leading into the duodenum; by splitting up the duodenum and reflecting it, the appearance obtained was most peculiar, and might have almost been mistaken for a virgin os uteri bulging into the vagina.

Although it would appear from a number of cases which I have, in the last few years had an opportunity of examining, that schirrus at the pyloric extremity of the stomach, is, in this country the most common form of cancer of this viscus; it is, however, rare to find two strictures, within two inches of each other, the second being even smaller than the first. An idea has occurred to me with regard to this fact which seems to be the most plausible, viz: When the blow was first inflicted, and pain was immediately felt over the region of the duodenum, I imagine a fold of duodenum slipped inside the lower part of the gut. This of course, formed a stricture, through which only certain portions of food could pass; the harder portions being thrown back into the stomach, there either to decay, or to be further digested, till at last they found their way by degrees into the in-

testines. These matters, returned to the stomach, would of course, to a certain extent, keep up an irritation, but probably there were times when the amount of irritation in the stomach was very small, not sufficient to occasion any malignant growth in so short a time. In July, however, or about that time, we find that a number of cherry stones were swallowed, these of course, could not pass through this constriction, the gastric juices had no effect on them, and as they would not quickly decay, they became lodged in the pouch, previously formed by other matters, and there acted as a source of continual irritation. About the time or shortly after the swallowing of these cherry stones, the vomiting of that dark frothy material, so peculiar to many of these cases, begins. I think it most probable, that at this time the ulceration first began. With regard to epthelioma of the stomach, which occasionally is seen, I might say, that once through the kindness of the Secretary of the Trinity College Medical School, I was enabled to procure a very good specimen, in which this form of disease attacked the œsophageal end. I should have had another specimen of the same, from a case that was sent from Montreal as a case of "indigestion," had it not been that the *postmortem* examination would have borne out my diagnosis, which was in direct opposition to that of the medical man, whose case it really was. The stomach was only partly removed, and Dr. Philbrick who saw the case as consulting Surgeon, tells me that he endeavoured in vain to obtain either a view or specimen of the œsophagus, and that the cardiac extremity of the stomach was indeed not examined. I, however, afterwards obtained through another channel, abundance to confirm my diagnosis.

Yorkville, Ont., Dec. 1874.

A FEW THOUGHTS ON INJECTION OF THE ENLARGED PROSTATE.

BY WILLIAM BURT, M.D., PARIS, ONT.

(Read before the Brant Medical Association, Dec. 1st, 1874.)

MR. PRESIDENT AND GENTLEMEN.—I am about to bring before you an exceedingly interesting history of a patient who died under my charge. Before bringing the case before you, I shall merely state that the points I wish specially to dwell upon to-day are an infrequent operation on the *prostate*, and two methods which I think will aid us considerably in determining the presence of stone in the bladder, methods which are easy of accomplishment simple and practical. The operation on the prostate is uncommon only in reference to this gland, in fact, it is novel to myself, and many authorities whom I have consulted. I find no mention made of it in such recent authoritative works as "Thompson on the Prostate" 4th edition, "Van Buren and Keyes on the Genito-Urinary System," and "Billroth's Surgical Pathology and Therapeutics."

N. H. æt. 67.—A wealthy gentleman, living retired with his third wife, has had but one child, a little girl of nine summers, by his second wife. Family history good, parents æt. 84 and 86 years at death, three brothers living. When about 34 years of age he complained much of dyspepsia and debility, for which he visited the Saratoga Springs. He soon improved under the water cure. Was always a hard-working man until he gave up business. On the 17th of June, 1862, while travelling he took cold, followed by retention of urine. He had his urine removed by the catheter after failure of other means. Since that time he had difficulty now and then in passing water and was obliged on several occasions, probably about three times, to resort to the catheter in the following six years. About five years ago he was seized with an inordinate attack of retention. At this time a large amount of blood passed on using the catheter, and the bladder was, with difficulty, got rid of clots. From this time he only occasionally made water without the use of the instrument, is always worse during damp weather and much better during dry hot, or dry cold weather. About four years ago he suffered from an attack of *rheumatism* in the left arm and shoulder which lasted nearly a whole winter. For the last three years he has had attacks of hæmaturia every month or two, which would last from two to four days. He says the bleeding was sometimes considerable. Sometimes he thought he felt better after the bleedings. For the last three or four years he has used the catheter on an average every four hours day and night; had no pain previous to passing blood; no evidence of renal colic. He says the bleeding sometimes came on after undue exercise, and that he was most sure

to have a bad spell of bleeding after or during damp weather. I first saw my patient January 5th, 1874. He sent for me because of pain in the right groin. He told me he had lost from two to three gallons of blood. Ordered absolute rest. Was sent for again on the 7th because of severe pain in the left arm and shoulder.

January 8th.—Made an examination per rectum and discovered an enormous prostate. The fingers could not reach its posterior portion. Ordered for the bleeding which still continues a mixture of iron and ergot to be taken internally and the bladder to be washed with a weak solution of carbolic acid. The bladder is high up above the pubes and occasionally contracts like a uterus into a firm ball as if to expel something. It could be seen quite plain to do so several times, and several times contracted quite forcibly under the hand. The contraction was always accompanied with severe pain. Ordered a large prostatic catheter for the relief of the retention, and an india rubber bag for washing out the bladder. I here put the query in my note book, May not the present irritability of the bladder depend in part on muscular rheumatism of its walls? Up to this time he had been using an ordinary number 10 silver catheter, curved to suit. I am enabled by being the rightful heir to the instrumental debris my patient left behind him, to show you an amount of rubbish which might have been displaced by a suitable prostatic catheter. The bladder previously had never been washed out, with the exception of the time above mentioned, in the patients history when it was done to remove clots.

9th.—Complains of severe pain in the bladder the arm and shoulder being easy. Ordered a suppository consisting of one grain of morphine and fifteen grains of tannin, to be introduced morning and evening and half-grain powders of acetate of morphine to be taken in the intervals when necessary.

11th.—Hemorrhage nearly stopped.

13th.—Ordered a mixture of chloral and bromide of potassium to be taken in place of the morphine. Bowels moved by injection.

14th.—Patient draws about 2 oz of bloody urine every hour. If it is not drawn at the end of an hour, severe spasms or "retchings," as he terms it, come on which are only relieved by the catheter. I have no doubt he used the right word, for the bladder acted very much like the stomach during the act of vomiting, or the uterus during the pains of parturition. He eats moderately; bowels still moved by injection; pulse 76; applied a belladonna plaster over the hypogastrium.

22nd.—Passed an ordinary sound to-day, but found no stone. Did not complete the exploration on account of irritability. Ordered for dry tongue, anorexia, debility, &c., a mixture of sulphuric acid and quinine.

23rd, morning.—Pulse 82, respiration 24, temp. 101½; is now quite easy with the exception of a few stinging pains at the neck of the bladder and in the glans penis. Urine still slightly bloody, and is drawn about every two hours. Bladder washed daily with sulphate of zinc, four grains to the ounce of water, and bowels still moved by injection.

Evening.—Urine free from blood; is sinking pulse 90; complains of but little pain; feels weak and exhausted; took nourishment twice during the night. After this date he slowly recovered. The bleedings ceased and the pains returned in spasms only when the urine was allowed to remain too long. His appetite improved, and he was able to go about the house until March the 5th, when hæmaturia again returned.

During the interval of the two last dates I explored the bladder twice with Thompson's sound. The first time I felt a stone just at the neck of the bladder by raising the sound when entering. I could feel the stone quite plain, but it was not audible to the patient. I told him he had a stone in his bladder. I could not move it, and it seemed as if I could just touch it, not strike it, this probably, accounting for the absence of a distinct click. I desisted from the operation for fear of prolonging it at too great length. The 2nd examination was made February 27th, but did not detect any sound. Did not complete the exploration this time on account of weakness. He wished it to be deferred until he would get stronger.

March 5th.—Ordered the bladder to be washed with a solution of liquor ferri persulphate, one drachm to two pints of water; gallic acid, gave fifteen grains, every four hours.

6th.—Injected the bladder this evening with a strong solution of the persulphate, one part in

four. This gave him a good deal of pain until midnight.

March 9th.—Bowels moved freely after an injection; Urine still bloody. The bleeding would cease during the night after injecting the strong solution of the persulphate, which was done three times.

10th.—Pulse 84.—Repeated his iron and ergot mixture. Urine still bloody, but better this morning. Draws it off nearly every two hours yet.

From this date he gradually inproved again and I saw him but occasionally, when he would complain to me very much of a loss of power in his lower limbs, and unbearable burning pain which distressed him, all of which I attributed to the pressure of the enlarged gland on the pelvic nerves.—The treatment was simply palliating; anodyne suppositories; faradization; flesh-brush, with a pill containing nux vomica and quinine.

June 11th.—Dr. Lundy met me in consultation and advised the continued use of copabia with electrization of the bladder. My patient was straightway put upon copabia, and faradization of the bladder externally employed. Not having a constant battery the interior of the bladder was not galvanised.

July 18th.—Dr. Lizars met me in consultation, when, after due deliberation, a novel mode of procedure was adopted, viz.: to bring about absorption of the gland by injecting the following mixture into its substance per rectum:

℞—Hydrarg Oleat. ʒ ij.
Morphine....grs. iv.
Iodine.....ϑj.—M.

Sig. Five to ten drops to be injected into the anterior portion of the gland, and a small quantity to be painted over the perineum with a camel's hair brush. I shall state here, that both of the gentlemen who met me in consultation, decided that there was no calculus in the bladder.

Dr. Lizars sent me the mixture from Toronto, (July 20th), and on the same evening I injected eight minims of the mixture into the anterior portion of the left lobe. He immediately complained of pain in the glans penis. Passed the catheter, thinking the emptying of his bladder would give some relief. When in bed, I introduced one of the morphine, and tannin suppositories. I ordered suppositories of one grain of morphine to two of extract of belladonna to be continued.

The injections were made with the instrument I now show you. It consists of the barrel of a syringe I use for washing out the lachrymal sac and nasal duct in a case of dacryocystitis, &c., with one of Tiemann's aspirator needles. It answers every purpose; but as I shall state hereafter, a little modification is necessary.

The following are the dates of the operation, the same amount of the mixture being used each time.

2nd injection, July 23rd.

3rd injection, July 27th. Shivered considerably after this operation.

4th injection, July 30th.

Complained of severe pain in the glans penis after each injection. Has had looseness of the bowels for the last few days, which was attributed to the tonic effects of the belladonna in the suppositories, of which he used two a day.

August 3rd.—Wished to recruit a little to get up a better appetite, and allow the warm weather to pass by, before renewing the injections.

5th injection, August 20th. Injected into the right lobe. Did not complain of pain in the glans penis, but simply of a dull heavy pain. The gland feels to be contracting and the needle does not penetrate so easily. Now uses but one suppository a day, and that at bed time. Cannot get along without them, although they produce great dryness of the throat, which he says prevents him from taking solid food and causes him to constantly moisten his lips, and suck bits of ice. The looseness of the bowels has come on again, but is not troubled at night with it. When he takes a suppository he can retain his water for three or four hours; when he does not take one he passes it every hour or two. The above symptoms, dryness, looseness, &c., were attributed to the belladonna, which was reduced to one half.

6th injection, August 24th. Right lobe again injected, and the same dull, heavy pain complained of. His appetite has improved and he is looking well; no bleeding. The injection seem to have had a beneficial effect in controlling the bleeding, by operating on the vesico-prostatic plexus of veins, in the same way as Dr. Kissam's method of injecting Squibb's persulphate by the side of a varicose vein, with good results. Does not now complain much of the burning pain in his limbs and feet, but simply of a coldness. On the

whole seems much improved. Complains of soreness of the perineum on account of the local application of the mixture.

7th injection, August 27th. Injected the left lobe again to-night. The whole gland has diminished very much in size, so that we have not now the large tumor projecting into the rectum that we once had. The left lobe was selected for the operation. It gave him a good deal of pain, similar to the first injection.

August 31st. No injection to-night. He suffered a good deal from the last injection, especially in the urethra, producing erection. The suppositories gave him relief.

8th injection, Sept. 7th.—Injected the right lobe of the gland to-night. It gave him a good deal of pain. Introduced a suppository. He got relief in about 20 minutes, and expressed himself as feeling the joints loose as the pain was leaving. Complains of having to force his appetite. Wants a tonic to give him strength. Repeated his quinine and nux vomica. His urine smells very badly, though he tells me he washes his bladder regularly.

Sept. 8th.—Sent for me this evening. Left him last night as usual after the injection with directions to send for me if he felt any bad symptoms. Found him in a high fever with a frequent pulse (120) temp. 104, suffering great pain and unable to pass the catheter. I introduced the catheter and drew off several ounces of urine ; is not able to get out of bed.

Sept. 9th.—Have drawn his water every four hours. It is again very dark colored, but no clots. Morning—Temp. 102, pulse 120.

Evening. Temp. 104, pulse 112 and irregular. He is nourished fully and the severe spasms which come on every few hours, are somewhat checked by the suppositories Only says "yes sir," or "no sir," in answer to questions.

Sept. 10th.—Morning, Temp. 103; Noon, 104; Evening, 104½, with a pulse of 120. Respiration growing frequent. Will scarcely say "yes sir" or "no sir," and refuses his nourishment.

Sept. 11th.—died this morning.

Autopsy.—Sept. 11th, 11½ hours after death.—The apex of the bladder bulges into the wound through the abdominal walls. Separated the bladder from the surrounding structures, and removed it entire with the prostate. On passing the hand behind the bladder, a calculus was felt. An enormous prostate was removed with a portion of the rectum attached. A catheter was passed through the prostatic urethra and the bladder opened on the point of the instrument. A quantity of dark-colored urine was allowed to escape, when two calculi, the shape of nux vomica seeds were removed ; one weighing a drachm, the other two drachms. A little detritus was also removed. On removing the prostate, a small ivory gravel was taken from its anterior portion underneath the rectum. The prostatic urethra admitted the index finger readily as far as the membranous portion. A large oval shaped projection, about the size of a hen's egg, shot backward into the bladder, just behind the opening of the urethra. The calculi were removed from behind this. No evidence of acute inflammation. Livid colored spots were noticed on each side of the median line of the gland, where the injection had been made.

No further examination of the body was made.

The weight and measurements were not taken until a few days ago, the whole having remained in alcohol for about 2½ months. The bladder and prostate together weighed 17½ ounces avoirdupois, of which the prostate would apparently weigh nearly two-thirds. Length of the prostate 3¼ in., posterior portion, including the projecting tumor, 4¼ in., circumference, 10 in. The sinus pocularis was developed into a large, irregular cavity, with only a thin wall between it and the rectum. The projecting middle lobe contained sinuous cavities, communicating with the urethra. I had the valuable assistance of Drs. Lawrence and Dickson at the post mortem.

Remarks.—What I have endeavored to learn from this case is the justifiability of the operation of puncture of the prostate, or its injection, and the means by which a calculus in the bladder may be discovered when the ordinary means fail us. The above autopsy gave me to understand, that whenever a sound was passed into the bladder, it would press the egg-like body backwards, and the calculi lying behind it would be compressed between it and the posterior wall of the bladder, hence the non-detection of the stone. When making the autopsy, and feeling the stone as I pushed my hand down behind the bladder, the suggestion arose, that if in similar cases we would put our patient under chloroform (the lower bowel being completely emptied by injection), and introduced

the whole hand into the rectum, and feel behind the prostate for the calculus, it would be readily perceptible if present. Another suggestion was, to turn him in Sims' speculum posture, which position could be easily obtained after the introduction of the sound, when the stone could not help but tumble out from its hiding place, and would then be discovered. The first suggestion is quite plausible, for inasmuch as the stone was made to project at the perineum by the fingers introduced into the rectum in the operation of "cutting on the gripe." Surely a stone small in size can be felt behind the gland by the fingers after the introduction of the hand into the rectum. When lying on his back, and raising his hips as high as possible, the stone would not fall from its place, owing to the semi circular curve of the posterior wall of the bladder upwards and forwards, its apex touching the ante rior wall, so that when the sound would be raised it would only compress the calculi between the egg-shaped tumor and the posterior wall of the bladder, which, on removal of the calculi, were nearly contiguous. When the sound was turned round in the bladder as near its neck as possible, it would pass around the tumor and above the calculi squeezed between it and the posterior wall.

Since the death of my patient, I saw an article taken from the LANCET of August 22d, which reads as follows: "The dispersion of tumor by puncture." Dr. Cameron observes, that those familiar with the East are aware that, from time immemorial, the native hakims have been accustomed to attempt to bring about the absorption of enlarge ments of the liver and spleen, so common in hot malarious countries, by the use of puncture with long, sharpe stilets of considerable thickness Twining, in his work on the "Diseases of Bengal,' mentions the practice. Dr. Cameron states that he has never followed it for the purpose of procuring dispersion of such enlargements, but that he has frequently seen those of the liver disappear rappidly after repeated plunges of an ordinary hydrocele trocar, when seeking, unsuccessfully, for suspected abscess, and he never found in any instance inflammatory or any other bad symptom produced by such operations, strange as it may appear to those unaccustomed to perform them. What he wishes particularly to draw attention to is, that other enlargements besides those of the liver and spleen may be made to disappear by puncture. The article here mentions the case of a gentleman with "a mass of swollen, inguinal glands, almost as hard as a board, and resisting all treatment," incapacitating him for work. Dr. Cameron, made bold by the sufferer's despairing impatience, plunged a lancet, perpendicularly, into the mass as far as it would reach. No discharge followed. Absorption set in, and proceeded rapidly. The article continues in the following strain: "This, and several other cases which he mentions, have led him to think that this mode of puncture might be found to bring about the dispersion of such growths as fibrous tumors of the uterus, and reasoning from the non-supervention of evil symptoms, after repeated and deep puncture of the liver with a trocas, he sees no ground for fearing to puncture with a small stilet such a fibrous uterine tumor as is often plainly to be felt through the abdominal parietes. And he thinks puncture through them less likely to be followed by evil consequences than puncture *per vaginam*, owing to the exclusion of air."

Another copied article to our purpose appeared in the *Canada Lancet* (October), giving a description of the removal of a tumor (myoma) from the posterior wall of the bladder of a boy 12 years of age, by the high operation. Lateral lithotomy was first performed, but not succeeding, the tumor was removed by a difficult operation above the symphysis pubis. Billroth was the surgeon. Unfortunately the article winds up in this way: "The wounds, at the time of writing, looked remarkably well, notwithstanding the contusion during the operation," leaving us thus in the dark as to the ultimate termination of the case. What I wish to profit by here is, that in our own case we had, evidently, a vascular tumor, for which, as in the above, lithotomy might have been performed, and its removal secured with the ecraseur. The only obstacle, apparently, to this operation would be the distance through the large prostate, the operator would need to traverse. If the means we have pointed out succeeded in discovering a calculus, when all other means failed, lithotomy could be performed, and the stone or stones removed with the tumor, for I have yet to know that our skilled and dexterous lithotritists are able to pick out a small stone or fragment from behind such a tumor as we have described, unless it be to place the patient in the speculum posture before-men-

tioned. I have no doubt the effect of a lithotomy operation, if simply explorative, would prove beneficial in bringing about absorption of the gland, I will now endeavor to explain some of the symptoms of the case. 1st. The bleeding, which had a periodical tendency. It was oftimes provoked by damp and wet weather. This condition of the atmosphere would be more likely to chill the surface of the body, producing congestion of the internal organs, and no doubt now, the prostate being a very large internal organ, would become congested, and an exit for the relief of overloaded vessels, prepared through the vascular tumor projecting into the bladder, hence the periodical hæmorhages. We will understand this better by taking a look at the vesico-prostatic plexus of veins. A beautiful representation of the veins at the neck of the bladder is given in "Sir W. Ferguson's lecture on the progress of Anatomy and Surgery." Sir W. in referring to a bladder, the veins of which had been injected by Dr. Pettigrew, says: "The lithotomist may reflect as he looks on such a specimen as this. He may think of the bleedings he has seen, and if imbued with the views of certain modern Pathologists, as to prevalent and poisonous absorption and pyæmia, he may possibly imagine that he has fallen upon a good thing, if not a certain cause of death after lithotomy." We might in theory, suggest another cause and call these hemorrhages, bimensal, from their periodicity, the prostate being sometimes called the utricular organ, the analogue of the uterus in the female. Although I am not aware ordinarily, that in man any such periodic manifestations do occur, yet, I have been led to think of this, by those cases mentioned by writers, of hemorrhages from the bladder unassignable to any cause, and continuing for an indefinite period without marked spoliation of the blood.—Van Buren and Keyes refer to these periodical hemorrhages in the following words: "finally may be mentioned spontaneous, so called essential hemorrhages, sometimes recurring periodically once a month like feminine menstruation." If we look at our own case this periodicity was very marked. During the use of the injections the patient was quite free from hemorrhage until the time of his death, when a marked paroxysmal attack was present. It is told that the sexual desire of woman is increased at the menstrual epoch, and from this we might infer that a latent periodicity may exist in man, though we have no similar way of showing it, unless it is by means of "nature's safety valve, involuntary ejaculation during sleep." And it may be possible, (notwithstanding the apparent fact, that turgescence of the male sexual organs is the result simply of sexual passion, uncontrolled by any periodic changes of the male generative system,) there may be a grain of truth in saying that the prostate may be subject to an increased vascularity periodically. Some truth would seem to be lent to this statement, by those weekly or monthy nocturnal emissions above referred to. At present I believe it is unobserved that man is more liable to be seduced, not alone by woman, but by his own sexual system at one period than another, foregoing ordinary circumstances, for it does appear at present that the turgescence of the male is only influenced by ordinary circumstances, and not at all controlled by any periodical changes in his sexual system, save at the time of the periodical nocturnal emission.

Carpenter states that, in animals which have only a periodical aptitutde for procreation, the prostate undergoes an alternate increase and decrease, corresponding with the periodical enlargement and diminution of the testes themselves. I believe the question, Why does the prostate become enlarged at all in old age? has never been satisfactorily answered. We know its enlargement is by no means uncommon. It is an accompaniment of old age, aud rarely occurs before fifty or the "turn of life." I have seen no reference to ligation of the arteries supplying the prostate. The attempt has been made to cure goitre, by cutting off its arterial supply, the arteries being large; to cure elephantiasis of the lower limbs with partial or complete success by ligature of the femoral. It seems from this that the arterial supply of the prostate must be increased, and this would be favored by its position. It does seem, also, that excessive coition may have something to do with it, notwithstanding what is said to the contrary, for in atrophy of the prostate we have ineffectual ejection of the semen. Again, as to the cause of hypertrophy, let us look at the nervous supply, and ask ourselves what are the first symptoms of enlarged prostate? Is not the first symptom frequent micturition without any morbid condition of the urine whatever? Now, I look upon this frequency as the antecedent of hypertrophy. The

sphincter vesicæ and prostate are unable to resist as long as usual the expulsors of the bladder, which are the predominating ones, and hence to supply this deficiency of power "the formative force" is stimulated through the medium of the nerves, and hypertrophy ensues, another example of conservatism, as it were, which we so often meet with in the human body, though nature, unassisted sometimes, accomplishes her work in a bungling way. Enlarged prostate consist chiefly in, increase of the muscular structure, not the glandular. The frequency, in the first place, is due to loss of tone in the sphincters, and afterwards to hypertrophy itself, not allowing the bladder to empty itself completely, causing irritability, &c.

Let us look for a moment at incontinence. In old women it is not an uncommon thing for them to rise once or twice during the night, probably for the reason aforementioned; but as a rule, they never suffer from retention, simply because there is no "bar at the neck of the bladder;" no prostatic enlargement to act as a valve. I remember reading about curing incontinence in women at the Charity Hospital, Blackwell's Island, N. Y., by producing contraction of the urethra by means of chromic acid, with very good results. How often is it said that involuntary passing of urine in the child is due to incontinence, in the adult to overflow, and why, seemingly, is this difference? I answer, because, after puberty, we have a developed prostate which can resist the walls of the baldder, prior to puberty it is undeveloped, and hence we have not their help to retain the urine. I now tell my patients that incontinence when occurring in a boy will cure itself at puberty, if not cured before, when depending on loss of tone in the sphincters. I refer you to Dr. Gross' description of the prostate before and after puberty. Theoretically the cure for incontinence when due to loss of tone in the sphincters, would be a combination of calabar bean and belladonna, or calabar bean alone, by which the sympathetic and motor filaments would be stimulated, and those of sensation rendered less sensitive to irritation.

Belladonna excites the sympathetic, and paralyses motion and sensation. Calabar bean excites motion, paralyses sensation, without apparently paralyzing the sympathetic, a proof of which is the spasmodic contraction of the ciliary muscle after applying calabar bean (Soelberg Wells). Hence the calabar bean in combination would counteract the effects of belladonna on the nerves of motion. From this it would appear that we would expect better effects from the calabar bean used alone, or in combination with belladonna, than from the latter drug alone; the sphincter vesicæ being supplied both by the sacral plexus and filaments from the sympathetic. This action of these drugs is inferred from their effects on the eye. I have now a patient under my charge, æt. 65, whom I operated on for necrosis. He complained to me on several occasions of having to pass his water two or three times during the night for a long period. I examined him per rectum, and found considerable general hypertrophy of the prostate quite sufficient to account for the frequent micturition we would all say. I had repeatedly examined his water, before my attention was drawn to the prostate, but found nothing abnormal. The prostatic portion of the urethra being more dilatable than the membranous, becomes distended during the frequent acts of micturition. I believe it to be a rule that in enlarged prostate we always find this portion of the urethra dilated. When the desire for urination comes, and an opportunity for relief is not afforded, the sphincters are stimulated to contraction by the will, hence holding the water too long would be an exciting cause of hypertrophy. The danger of the enlarged prostate is the production of a valve at the neck of the bladder, giving rise to retention, obstinate cystitis, calculus, pyelitis, degeneration of the kidney, &c., if not carefully attended to by the early and continued use of the catheter. When no valve exists and the opening of the bladder is unusually large, (fiunnel-shaped) owing to a peculiar form of hypertrophy, prostatic incontinence occurs. The immediate requirement here is a well-fitting urinal; but it seems possible that reduction of the prostate might effect a cure. Internal incision and excision of a "bar at the neck of the bladder," and enlarged prostate has its advocates who have performed it successfully, but I have not yet laid my hands on any article giving a description of puncture or injection per rectum, although I have been informed by one of my friends that it has been done.

The question comes naturally, when shall we resort to puncture or injection? It should not be delayed beyond the time the urine cannot be voided, except by the constant use of the catheter, the

retention being due to a prostatic valve. It does not appear to be absolutely necessary to begin operation after the first retention associated with enlarged prostate, for this may be due simply to congestion at the neck of the bladder consequent on taking cold, after which the catheter may only be required to completely empty and wash the bladder at regular periods. Should puncture prove a safe procedure, it will probably be judicious to resort to it earlier, if by this means the bladder will be able to empty itself better, and the too frequent use of the catheter be dispensed with. If puncture fails and we wish to resort to injection, I should be tempted to use ergotine in preference to any other drug.

I shall close this paper by returning to its special points. You may consider them bold suggestions for diagnosis and treatment, but I think them practicable, and when we take into consideration how often surgeons of note fail to detect stone which exists, and is afterwards by some fortunate circumstance thrown from its hiding-place, and detected by some lucky skilful surgeon, we will not hesitate to resort to some simple means which is novel to our own minds. The instrument I would use for puncturing the prostate would be the one I shew, with slight modifications, viz., closure of the end, having the point solid, and one or two additional openings, a short distance from the end. This would serve for puncturing the gland, and in case of failure by this method for injecting it. A little ring might be fastened to the needle, when used for injecting to serve as a guide to the required distance we would wish to penetrate the gland. In my own case I used a piece of cork. As to the means of diagnosis I present you, I think if I had resorted to them in my own case I should have altered a second time my opinion regarding the contents of the bladder. As it was, I had first made up my mind the man had calculus, and then after subsequent examinations, and weighing the opinions of my counsellors, I said "no stone," leaving the case wholly as one of prostatic retention, uncomplicated with stone. You may think it strange that I have departed from the usual way of assisting in the endeavor to establish an operation, viz., by recording the recovery of the patient, but when I tell you it is quite possible that the mode of procedure adopted did not by any means hasten the death of the patient, but rather postponed it, you will understand how it is that by the death of the patient, and the subsequent necropsy, I am enabled to justify the means used, and to extend to you a few thoughts on hypertrophy, and the finding of a stone in the bladder. As the cases are rare of so extreme a nature, especially in a town practice like ours, and even in our larger hospitals they are not common, for I cannot recall one of such severity during a term of service in one of the American hospitals where the wards were well filled with surgical cases. I have not had the opportunity of repeating the operation, or using the means I propose for the discovery of stone. Not having had access to the extensive literature of the subject, I write under correction and retraction, hoping the gentlemen present will pardon me if I have represented as novel something that is not. I throw out these suggestions (suggestions they may or may not be, for medical literature is now so extensive that it is almost impossible for any one man to become pregnant with what has been done in surgery), hoping if ever my professional brethren meet with a similar case where the presence of a stone remains a doubt after a careful sounding of the bladder, they will try the means brought forward to-day.

CASE OF PUERPERAL PERITONITIS WITH COMPLICATIONS TERMINATING FATALLY.

BY EDMUND G. KITTSON, M.D., HAMILTON.

Mrs. C. æt. 36.—A strong, healthy woman was confined on Monday March 30th, 1874; twins; first child delivered by midwife; second was delivered with long forceps fourteen hours after, by Dr. White; in both cases, head presentation. She did very well until Thursday night, April 2nd, when through neglect she took a chill. Was called in again on Friday morning as I had the previous day stopped calling.

April 3rd.—Pulse 120; temperature 106°.5. F.; respiration 36; abdomen swelled, tympanitic, and very tender on pressure; ordered turpentine stupes and hot linseed poultices to abdomen and Pulv. Opii gr. i. every three hours; also a cooling drink ℞.—Acid Hydrochloric dil: M. xx. (whenever required) in plenty of water; she was also allowed milk. At 8 p. m. the temperature was again noted at 105°.4.

4th.—P. 102; T. 105°.1.

℞.—Pulv. Opii. gr. 1¼.
Cincho-Quinine gr. iiss.—M.

Such a powder every three hours.

5th.—P. 99. T. 103°.2.

6th.—P. 99. T. 102°.8. Tongue brown and dry, no sordes on teeth; pulse soft, regular; abdomen still tympanitic, but less so than yesterday; no headache; was delirious during the night; skin warm and slightly moist; continue opium and cincho-quinine every four hours.

7th.—P. 96. T. 103°.7. Tongue moist and cleaner; continue same treatment.

8th.—P. 108. T. 103°.2. Tongue cleaner; skin moist; tenderness over the uterus is diminishing.

9th.—P. 96. T. 102°.7. Tongue moist and cleaner; bowels not moved for two or three days; tympanites diminishing; tenderness almost quite gone; children are fed on the bottle.

10th.—P. 96. T. 102°.8. Tongue dry and glazed, redish; urine scanty and passed with difficulty; tympanites increasing again.

℞.—Potass. Nitrat. gr. x., Spts. Etheris Nitrosi M. xv. Ether Chloric M. x. Aquæ ad ℥ss.—M. Every four hours.

11th.—P. 84. T. 102°3. Seems slightly better to-day; castor oil in the morning if required.

12th.—Tongue cleaner and moister; bowels not yet moved. Lochial discharge has ceased; urine scanty; no pain in head or abdomen.

13th.—P. 78. T. 100°.8. Tongue dry and glazed; urine more free; had an injection yesterday of soap and water without any effect.

h.—P. 96. T. 104°.4. Tongue has the same appearance. Skin dry, abdomen is slightly tympanitic, urine quite free and natural. Has a slight cough. Ordered an injection of turpentine, and add ℞ Fld. Ext. Senegæ M. x to Potass. Nitrat. Mist. Some bronchial râles are heard on the left side, posteriorly.

15th.—P. 90. T. 101°.1.—Tongue cleaner; Bowels moved by injection with the passage of some scybalæ. Cough less; face less flushed; no appetite; same condition of left side, behind. On auscultating the right side, some large crepitation was heard at the base behind.

16th.—P. 90. T. 102°.4. Respr. 48.—Vomiting caused by the senega. Bowels moved three times yesterday and the evacuations were very green; very thirsty.

℞.—Potass. Nitrat. gr. x., Morph. Sulph., gr. ⅛.; Strychniæ Sulph., gr. 1/64; Etheris Chloric, M. x.; Spts. Nitrosi, M. xv; Aquæ, ℥ss.—M. every four hours, and Cerii Oxal, gr. iij, if required; egg and milk.

17th.—P. 88 T. 101° Respr. 40, and very laboured. Cough very troublesome and an involuntary evacuation from the bowels with each fit of coughing. No vomiting; skin acting freely; bronchial râles present on both sides. Ordered a stimulating expectorant.

18th.—P. 98. T. 103°5. Resp. 40., very laboured.—Has spells of coughing, followed by great weakness. To-day, Dr. Mackelcan of this city was called in consultation in the afternoon, and we then discovered pneumonic crepitus behind. He advised the following:

℞.—Ammoniæ Carb.. gr. v; Tr. Verat. Virid., M. iij.; Aquæ ℥ss., every three hours.

19th.—P. 92. F. 104°. Respr. 48.—General condition remains much the same. Has now, however, an erysipelatous blush over the left side of the face and eye.

℞.—Tr. Ferri Mur., ℥ss.; Aquæ, ℥ss., M. every three hours. ℞.—Plumbi Acet., gr. x to ℥i.

20th—P. 88. T. 101°5. Respr. 39.—Tongue cleaner and moister. Respiration less laboured, but sighing, she says a habit which she gave herself when in perfect health. The erysipelas has increased; the nurse appeared to have misunderstood very plain directions regarding the wash. No sleep obtained during the night. Cough is troublesome, and she complains of abdominal pain caused by the coughing fits. Is sitting up and says she feels easier thus.

21st.—P. 99, T. 103°.8. Respr. 48.—Erysipelas not any better. Cough easier. Respiration quite bronchial in front.

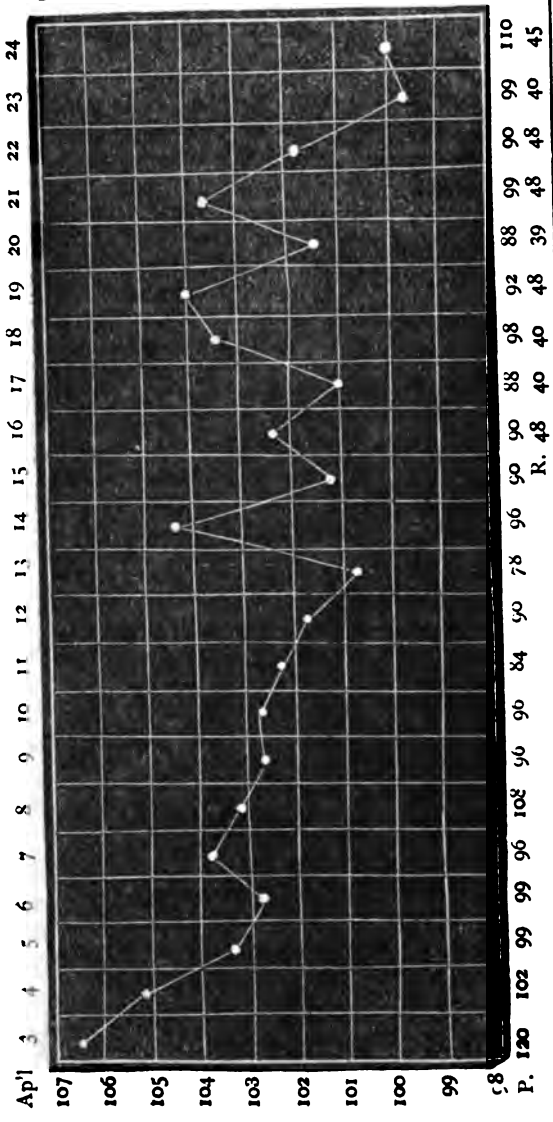
22nd.—P. 90. T. 101°8. Respr. 48.—Erysipelas diminishing; tongue still continues dry; still with each fit of coughing the bowels are moved.—The evacuations are tarry and very offensive. Skin warm but dry. Has been taking wine since yesterday, about ℥xij and as the result, the P. and T. are both lowered. This afternoon I had another consultation with Dr. George Mackelcan, when the following was recommended: ℞.—Syr. Scillæ M. xx.; Fld, Ext. Senegæ, M. v.; Ammon. Carb. gr. v., every fourth hour alternately with ℞. Tr, Ferri. Mur., M. xx; Quiniæ. Sulph., gr. iij. Last

night she was quite delirious, and to-day is picking at the bed clothes, &c.

23rd.—P. 99. T. 99°.5. Respr. 40.—Tongue much moister; erysipelas diminishing; bowels free; cough easier; no pain; continue wine; skin moist. *11 p. m.*, was called down to see Mrs. C. in a great hurry. P. 120; irregular, intermittent; Resp. 48, irregular and sighing. Subsultus tendinum. Ordered sweet oil and turpentine, four to one to be warmed and rubbed between the shoulders.

24th.—P. 110. T. 100°. Respr. 45.—Failing fast. Could hear her breathing through an open door where I stood in the middle of the road. She died at 6 p. m. No autopsy was permitted.

The following table will show at a glance the temperature, pulsation, and respiration each day:



Remarks.—The few foregoing notes show, I think, the value in serious cases, of systematically recording the daily temperature. In this case, the temperature was noted each day about the same hour, which insured as far as possible, a certain amount of uniformity in surrounding circumstances, and of course, this is always a point of some importance. They were all taken about 11 *a. m.* The temperature of the first morning, was an exceptionally high one, 106°5. F. One may notice too, that each complication as it arose was preceded and ushered in, by a sudden elevation of temperature. Thus the temperature steadily fell, with the exception of one day (April 14). from the 3rd to the 14th, and on that day a complication arose. On the 18th, the peunmonia was discovered, and on that day the temperature rose 2°.5. Erysipelas came on, the following day with a further elevation of .5°; falling the following day 2°.5. The pulse indications in this case do not seem nearly as easy to be read as the temperature indications, and I think that if more importance was attached to regular temperature recording in private practice, we would often be able to foretell new complications before we might otherwise be able to detect them.

Hamilton, Dec. 15, 1874.

CASE OF ELEPHANTIASIS.

BY THOMAS H. HARRISON, M.D., SELKIRK.

I enclose you a photograph of a very peculiar case of elephantiasis, that I have seen occasionally for several years.

I saw the patient first in September, 1866. The mother called me in to see a sick child. I found it a bright, active, intelligent looking, but rather slender boy, of about five years; of German parentage; with one leg—the right—unmistakably longer than the other. The limbs seemed equally well formed; no distortion or want of symmetry except that the right was between half an inch and an inch the longer. The child had always been healthy, with the exception of having had one attack of convulsions during teething, but, as all the family had been similarly affected during the same period, the mother was not alarmed, and she did not observe any bad effects from the attack.

She first observed the disease when the child was some three years old, and the only alteration

that had taken place since, was that she thought the difference was slowly increasing.

After hearing the history and examining the limb, I gave as my opinion that the left was the erring limb; that it was arrest of growth in that, instead of excessive development in the fellow. The parents then informed me that they had shown it to my friend Dr. Baxter of Cayugua, whose opinion entirely coincided with mine. The treatment was mainly hygienic.

I saw the boy occasionally during the winter, and could notice little or no change; and, during the next six years, the mother seemed to think that there was little alteration, but that the right was still slowly gaining.

About two years ago she called my attention again to the case. I found then, unmistakable evidence of abnormal length, and increased growth of the right limb. The tibia and fibula were not only much longer than those of the opposite limb, but were as long as those of a child of at least six or seven years older than the patient; they were very much enlarged, especially the fibula. The muscles seemed wasted; the bones could be readily grasped and felt through their entire length, and the skin was very much increased in extent and thickness, seeming to hang comparatively loose, the greatest circumference being just at the malleoli. I advised the parents to allow me to show him to the members of the Haldimand Medical Association. After many delays I succeeded in exhibiting him to the Association in July of the current year. A few days ago, through the kindness of my friend Dr. McCargow, of Caledonia, I received an invitation to exhibit the patient at a medical conversàzioné, held at Dr. Malloch's, in Hamilton, where I had the advice of a number of the profession in Hamilton and vicinity.

The boy is now 13. The parents are healthy, though the father is not a very strong man, and with one exception the rest of the family are apparently sound; one sister has heart disease, (valvular). The maternal grandmother died of cancer of the breast, and a maternal uncle within a few months of cancer of the stomach. The patient is bright, intelligent and active, much the brightest looking of the family, his features shewing nothing of the characteristic impassive German type; is still rather slender, and has a somewhat scrofulous appearance. The disease, which at first was confined to the leg, and mainly to lower end of the tibia and the fibula, has now, though in a less degree, invaded the thigh, which is an inch longer, and rather more than an inch greater in circumference than its fellow, and the integument is perceptibly thickened. The knee is slightly enlarged, and the patella larger, thinner and more angular. The tibia and fibula are very much enlarged, the fibula nearly or quite equaling in size the tibia; the width between the malleoli is increased, so that the foot, which is about the natural size, is held very loosely; is easily partially luxated in the form of talipes varus. The muscles are small, the gastrocnemius and soleus not affecting the contour of the limb or interfering with the touch in examining the bones. The skin is largely developed,—much thicker than natural; slightly, but not much, roughened, not exhibiting that peculiar appearance and feel described in the books. It hangs comparatively loose round the leg, and is most largely developed at the ankle. Beneath the skin is a tissue which a few of my friends take to be a deposit of fat, but the majority, with myself, pronounce an excessive development of areolar tissue; it does not pit on pressure; has—especially when some time dependent—a dusky or livid hue. There seems scarcely power to carry on the return circulation against gravitation, and a strong tendency to hypostatic congestion, yet it never seems to become œdematous. The difference of length between knee and ankle of the two limbs is three and one-half inches (3½) good measure, and in the circumference at the ankle the difference reaches upwards of seven (7) inches. The leg is on the whole upwards of five and a half inches longer than the fellow and greatly interferes with locomotion, still the boy walks readily each day to and from school, a distance of nearly two miles, and enters freely in the sports of his schoolmates, and only complains of pain when the exercise has been excessive and prolonged.

The treatment at present is tonic, attention to the general health, bandaging, and I shall probably eventually ligate the femoral artery.

SULPHITE OF CALCIUM.—A very common prescription made when there is fear of pyæmia, or when the patient has a coated tongue or fetid breath, is the *sulphite* of calcium. It is given in doses varying from 2 to 5 grs. every three hours. Its effect is highly commended.

Correspondence.

ADDRESS

TO THE LEGALLY QUALIFIED MEDICAL PRACTITIONERS OF THE GORE AND THAMES DIVISION.

GENTLEMEN.—As my term of office as your representative is now drawing to a close, I feel it incumbent on me to thank you for the confidence you have reposed in me for the past three years, and to give an account of my stewardship to the intelligent members of this Division. The past two years have marked a critical epoch in our history, as a body. This arose principally from the fact that our efforts to seek necessary protection were met by determined, persistent, and unscrupulous attempts to eradicate all restrictive medical laws from our Statute Books, and to overthrow all useful legislation in the interest of the profession and the public. Public journalists, from whom better things were expected, cried out for free trade in medicine, and lobbied fiercely and bitterly for it among the members of the Ontario Legislature. We were called all the hard names that irony, sarcasm, and invective could furnish, by the charlatan and empiric. The profession was designated as a corporate body with selfish, exclusive and tyrannical privileges and immunities, because it did not open its portals wide and allow shoals of "carpet baggers," quacks, and illiterate pretenders, to practice, collect fees, hold medical offices of trust, append spurious titles to their names, and attain the same legal *status* as those who had spent many years of laborious study and much money in acquiring a primary knowledge of the multifarous details of an abstruse and difficult art. Lawyers, civil engineers, school teachers, chemists, and dentists are protected, by law in the pursuit of their several callings; but medical men must be mercilessly ostracised, as if they had no rights the leaders of public opinion were bound to respect. A combination of Homœopaths, malcontents, and irregulars male and *female*, used all the subterfuges, sagacity, and influence, at their command, to procure a repetition of the pernicious system that existed anterior to the passage of the Parker Act, when irresponsible Colleges and Boards were the order of the day. These, in sharp competition to one another, thrust out hundreds of practitioners poorly qualified, but prepared at all hazards to become apostles, for the creative powers that licensed them. These graduating and licensing bodies were independent of impartial supervision and control, by any body above and beyond their influence. Thus the evil was perpetuated in an ever increasing ratio until it became intolerable, and to be called a medical practitioner was no longer a term synonymous with scholastic attainments and medical education. This was the fault of a system verging on free trade in medicine, and so glaring did the evil become that a victimized public complained of its pernicious effects, and asked for legislation to interfere between it and legalized incompetency. It is true that many of those thus licensed became excellent practitioners, not because of the system, but from natural ability and aptitude for the profession. It must be said to the credit of a majority of the members of these Colleges and Boards that they accepted cheerfully the establishment of a central, controlling, and independent examining body, of a representative character, in which they were to be a minority. This is the more creditable, seeing that on account of the establishment of a higher curriculum the financial loss must necessarily be great. The number of students was reduced, on an average, three-fourths per annum. The Colleges of Ontario were tested as to their relative merits, and the license of "the College of Physicians and Surgeons" has become more than a name and a delusion. When danger threatened our existence as a body last year, it was a source of congratulation to those medical men in the Legislature and out of it, who were struggling for the rights of the profession, to see the spontaneous and unanimous response made to their call by 1700 practitioners of this Province. They felt that "blood was thicker than water," and that political considerations would not debar them from asking for just law for themselves and beneficial protection to the public. This concerted action was well sustained by the people in numberless petitions largely signed, and so overwhelmingly did these influences manifest themselves that few members of the House could ignore them and expect re-election. The monstrous Homœopathic Bill was quietly strangled at its birth, and our Act became law, imperfect as it is. Your representative, with several other members of the Council, was anxious to introduce several additional clauses

to the Act, not now incorporated with it. It was thought advisable, however, to introduce them in a supplementary way hereafter, rather than to provoke additional hostility by too many radical changes at first. It is my opinion that they should yet be urged upon the attention of Parliamentary candidates at the impending election, and upon the new Legislature. The first is: That no prosecution for malpractice should be allowed after a definite number of years; secondly: The Government should build and maintain, at the country's expense, a suitable building for a pathological museum—a library, a registrar's office, and a council chamber. It should provide for all necessary accommodation and expenses. Hundreds of thousands of dollars are sunk in Public Institutions, some of which are worthy of consideration, and tens of thousands are voted yearly for their support, although many of them are, and will continue to be, more ornamental than useful; but the college of members of a self-denying profession, whose benevolence, gratuitous labors, and charities, in the sum total, exceed all others in the land, sacred and secular, is left to be supported and perpetuate its existence by the taxation of its own members. This should not, and will not be if we are true to ourselves, and demand a moderate sum for these objects out of a plethoric public purse. Thirdly: There might be enacted a maximum tariff of fees from which there could be no appeal. This method is adopted in courts of law, as well as in the routine work of the lawyer, where all charges must needs correspond to a legal schedule of fees. This method would save trouble and expense to medical men in collecting their dues by process of law. No medical witness would be required to prove the usual charges in any locality, for judges would have the Statute to guide them, from which they could not deviate, and against which there could be no appeal. It would conduce to raising the standard of prices to a fair remuneration, and give uniformity, not to speak of preventing the diversified and conflicting evidence so often given by medical witnesses, in regard to the amount of dues which they consider fair and honest in the practice of their profession. Fourthly: Medical witnesses in criminal cases should be paid. There is great injustice in practitioners being called upon, in too many instances, to give gratuitous attendance to victims of violated law, and then be obliged, under penalty, "without fee or hope of reward," to dance attendence at court for a week or more at their own expense, to their great inconvenience, and loss of practice. They should at least be paid their expenses, and a moderate sum for loss of time and trouble.

It is to be hoped that these suggested amendments will command your attention and meet your approval. At the same time it must be remembered that no law can prove successful unless carried into active operation by those affected thereby. Obsolete law should have no place on the Statute Book. So far, the most important change in the new law is the enactment of a penal clause. Under the former law vagrant quacks defied its provisions provided for their discomfiture, and laughed at all fines imposed, seeing that as an alternative there could be no imprisonment. Their hats covered all their responsibilities, and thus they snapped their fingers at the prosecutors. Our friends in Parliament were met with opposition in asking for a penal clause, and told it was *ultra vires* for a Provincial Legislature to enact. This was a mere subterfuge, as on the Ontario Statutes now exists in full force "A Summary Conviction Act," and the Government was only asked to take us under its protection until it was annulled by a higher tribunal. Prosecutions have been instituted under the new act, (one of them by an esteemed practitioner of this division,) but with two exceptions the prosecutors have not received that material and moral support from the corporate body which they deserved in their unenviable position. This has been a matter of sharp and just criticism among your representatives, and it is safe to predict that in the future the Executive will take vigorous action against unlicensed practitioners, and not leave the *onus* on any one member of our profession.

I have thus succinctly explained to you my views on matters vital to all who have the well-being of our liberal profession at heart. If my feeble efforts have merited your approbation, I shall consider it a high honor to receive your confidence and vote, as your representative for a second term. I have consented to become a candidate after conferring with a large number of my constituents within reach, and who desire that I should again seek your suffrages. If elected, I will endeavor to procure amendments to the existing law so as to make it more acceptable to a body that asks for no favors, but demands justice from the representatives of the public it so cheerfully serves, and with whose interests it must be closely identified.

I remain, yours fraternally,

DANIEL CLARK, M.D.

Princeton, Dec. 1st, 1874.

Selected Articles.

PERITYPHLITIS; ABSCESS; OPERATION ON EIGHTH DAY; RECOVERY.

J. B., age 18 years, single. Nativity, United States. Occupation, driver.

May 15th, 1872. Was first called to see him, and found that on the 9th instant (six days previous) he had returned from work not feeling well; feverish, bowels constipated, slight nausea, aud pain and swelling in right iliac fossa. His mother, a professional nurse, had given him something to move his bowels, and had applied a poultice over the swelling. From the 10th to the 14th he gradually improved. During the day of the 15th he became rapidly worse, and I found him in the evening with pulse of 106, temp. 103.6°, skin hot and dry, and tongue thickly coated in the middle, and red and cracked at the edges. In the right iliac fossa was a tumor larger than a hen's egg, hard, attached, and very tender, but not painful while he lay quiet. The rest of the abdomen appeared natural.

The diagnosis was made of impending abscess in and about the appendix vermiformis. As the bowels had not moved for several days, and the patient complained a good deal on that account, a gentle laxative was ordered, with perfect rest in bed and hot poultices.

16th. Dr. J. W. Wright saw the case with me, and confirmed the diagnosis. Pulse, 96; temp., 103.3°. Tongue better, and feels better every way. Thought that we detected slight fluctuation.

17th. Drs. D. M. Stimson and Wright saw the patient in consultation with me. There being no change in the symptoms, and all agreeing as to the diagnosis and proper course of treatment, I proceeded—ether having been administered by my student, Mr. E. L. Partridge—to open the abscess by an operation very similar to that for ligating the external iliac artery. The incision commenced about three-fourths of an inch internal to, and a little above, the anterior superior spinous process of the ilium, and curved downwards and inwards nearly parallel to Poupart's ligament, terminating at a point nearly over the external iliac artery. The skin incision being so far external and so low down, I was obliged, in order to reach the tumor, to carry the division of the deeper tissues obliquely upward and inward, and this caused some little difficulty in completing the operation. When we reached the peritoneum the tumor was distinctly felt; but the peritoneum did not appear to be adherent to its surface, and we could not satisfy ourselves as to any fluctuation being perceptible. For these reasons it was considered expedient to stuff the wound with lint and leave it for the present. Poultices reapplied. Patient bore the operation perfectly well.

18th. Patient slept only about two hours last night, but is much improved. Early this morning, about sixteen hours after the operation, there escaped from the bottom of the wound about two ounces of pus, having a dirty brown color and fecal odor, but in which no foreign body was to be found. Careful probing showed the cavity of the abscess to measure about one inch by two. At 11 a.m. pulse 69; temp. 99.2°. Considerable tenderness in region of wound; swelling less than yesterday.

19th. Much better; pulse 66; temp. 99°. Wound healthy, not yet suppurating. Abscess discharged about two ounces in last twenty-four hours.

20th. Suppuration established in the wound, so as to render it impossible to say how much of the pus discharges from it, and how much from the abscess. Odor much less marked than yesterday. Wound dressed with lint and carbolic acid, and syringed out with an aqueous solution of carbolic every day.

27th. Patient has done uninterruptedly well since last date, and wound has filled up from the bottom until it is only about half its original size and depth. Bowels moved on the 23rd for the first time; no measures having been adopted either to promote or retard their action. They have moved every day since. Appetite very good, spirits excellent, sleeps well. A record of the temperature and pulse shows nothing of interest. Since the operation the former has not exceeded 100.2°, nor the latter 80.

June 14th. Patient discharged to-day cured. Wound entirely healed, and general health as good as could be expected after so long confinement to the house.

September 26th, 1874. Examined the patient to-day—two years and four months after the operation—and find the scar resulting from the operation to be soft, pliable, non-adherent, and perfect in every respect. It has changed its position however, so as to lie below Poupart's ligament. That portion of the abdominal wall incised in the operation seems to be as strong as any other, and the patient states that he has never had any kind of trouble that could be referred to the operation.

Dr. Willard Parker deserves the credit of having called our attention to the diagnosis of the abscesses in and around the appendix vermiformis, and also of recommending early operation in suitable cases, in an article which may be found at p. 25 of vol. ii., of the New York *Medical Record.*

A few weeks ago Dr. Gordon Buck read a paper on this subject before the New York Academy of Medicine, founded on ten cases which he had collected, and from which it would appear that an English surgeon, Mr. Hancock, as long ago as

1848, recommended the same operation and reported a case. This paper seems to have escaped the notice of all subsequent writers on the subject. —*Dr. Ward in the Medical Record, N. Y.*

EMPYEMA TREATED BY FREE INCISION.

Dr. J. T. Boutelle reports the case of a boy, æt. 19, who, after repeatedly catching cold, was compelled to take to his bed, with fever, severe pain in right side, etc. When first seen, he had been in this condition for six weeks, was greatly emaciated, had a marked hectic flush, and was sweating profusely both night and day. The physical signs showed that there was a large collection of fetid pus in the right pleural cavity, and an opening in the lung itself near the apex. He was first tapped with an aspirator between the seventh and eighth ribs, about two inches from the lower angle of the scapula, and three pints of brown, fetid, thick, frothy pus were removed. Stimulants and nutriments were ordered in large quantities, and his condition improved somewhat. Four days later, an operation was performed for the purpose of establishing permanent drainage. A knife was passed between the eighth and ninth ribs, about an inch to the right of the lower angle of the scapula, into the pleural cavity, and the incision slightly enlarged on withdrawing the blade. No pus escaped. An india-rubber drainage-tube was then pushed in about five inches, and secured by straps of adhesive plaster. The pump of the aspirator was attached to the tube, but no pus could be drawn through. After injecting a little warm water, without helping matters, the tube was drawn out, the clots were removed from its calibre, and it was re-introduced, but still no pus could be drawn through it. The tube was removed, and a canula introduced, but with no better result. As the patient was growing very weak, crying out with pain, and threatening to faint, the canula was removed, and a poultice applied over the incision.

After an interval of five days, during which his condition rather deteriorated, it was decided to give ether, and to make an opening between the ribs large enough to give exit to pus. A trocar was thrust between the seventh and eight ribs, at the point where pus had been first found, and, as it began to flow through the canula, the latter was removed, and an incision three inches long was made through the skin, the point of puncture being at the middle of the incision. A careful dissection was made down to the pleura, the cavity of which was opened by an incision of two and one-half inches. About three pints of fetid pus escaped. On examination with the finger, a long, smooth line of adhesion was found a few inches below the incision, passing downward and backward, evidently the bottom of the sac of the abscess.

For nearly two weeks after this operation he continued to do well, his appetite being much improved. It was then found, however, that the opening in the pleura had entirely closed by granulations. The patient was again etherized, the union was easily broken up with the finger, and an opening made the length of the original incision. Not much bleeding. About a pint and a half of excessively fetid pus escaped. A rubber tube was then inserted, and the cavity thoroughly syringed out with warm water containing a trace of carbolic acid. The tube was then fastened in by adhesive strips.

The same treatment was continued, the thorax being washed out daily with warm water; but the patient gradually sank, and died about three weeks after the last operation. No traces of tubercle were found in the lungs.

Dr. Boutelle calls attention to the following point:

The condition of the patient; the long duration of the disease, the excessive sweating, painful bedsores, and general prostration rendering it a most unfavourable case for operation.

The immediate relief and gain in strength which followed the evacuation of the pus, the general condition steadily improving up to about two weeks before his death.

The rapidity with which the large incision granulated together, which shows the necessity of guarding against this at the time of operation, by stuffing with lint, or inserting tubes.

The absence of tubercular deposit in the lungs after so much inflammatory disturbance.

The result of the second operation, when no pus was evacuated, showed that it is not *always* safe to enter the thorax very low down, The autopsy showed that this point was nearly two inches too low to enter the cavity.—*The Boston Medical and Surgical Journal*, Oct. 22, 1874.

CLINIC BY J. M. DA COSTA, M.D.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

CHRONIC DYSENTERY.—Mrs. M., æt. 46; has been sick eight weeks. The first thing she noticed that was wrong with her, was passage of blood from the bowels. During the last eight weeks she passed blood in small quantities from the bowels, and she estimates that she has six or eight discharges every twenty-four hours, and these are accompanied by a bearing-down sensation.

This part of the history suggests close inquiry regarding the state of the alimentary canal.

We now find that she has suffered from hemorrhages previous to the present attack. Two years ago she had her first attack of hemorrhage; six-

teen months, the second attack; and this is the third attack.

In the interval between the hemorrhages her health has been poor; there is a general sense of weakness in the bowels, and continued diarrhœa.

We have in this case, then, a persistent looseness of the bowels, with occasional hemorrhages of considerable severity; and there is history of disease of the bowels antedating hemorrhage. There has been loss of flesh and strength; the patient presents a pale appearance, but has no fever at the present time. Pulse weak, 80 per minute. Tongue pale, not coated. There is general abdominal soreness, but the particular region of soreness is along the course of the large bowel, ascending, transverse, and descending colon. The patient especially winces when pressure is made along the course of the descending portion of the colon.

It is quite evident that we have here a case of chronic alteration of the mucous membrane of the large bowel, and, most likely, ulceration. To be quite certain of such a case, it must be positively determined that no such thing as hemorrhoids are present, which might possibly give rise to such amount of irritation, and also account for the passages of blood. This question has been fully investigated by my clinical assistant, who assures me that piles are not present.

We have no other supposition, therefore, but that we have to deal with disease of the bowels, especially of the large gut; and that there is ulceration of the mucous coat of the large intestine in places, which occasions the hemorrhage. In other words, the case is one of *chronic dysentery*.

Prognosis.—With regard to prognosis, a good deal depends upon the length of time it has lasted. The existence of the disease for several years, and the recurrence of hemorrhage, does not give us the most favourable case for treatment. It will be our endeavor, however, to remove this morbid condition of the mucous membrane of the bowel and the ulceration.

Treatment.—We might, in this case, prescribe bismuth in large doses; and it is a remedy which sometimes can be prescribed with great benefit.

I have also seen good results, in this class of cases, from the use of oxide of silver; and this is the treatment which will be adopted in this case.

The oxide of silver is unquestionably preferable in this case, because there has been such recent hemorrhage. The patient has already been taking the remedy in one-grain doses three times a day, and the treatment therefore, thus far, will be continued.

The use of opium, by means of suppositories, will materially aid in restraining the frequency of the movement from the bowels and the excessive discharge. The patient will therefore receive, at bedtime, a suppository containing one grain of opium, which will be repeated in the course of the night if the discharges are excessive.

The diet is also a question which claims our attention.

A plain, nourishing, and easily digested diet is alone proper. It may consist of arrow-root, rice, undone meat, beef-tea, milk, and only a limited supply of vegetables.

PNEUMONIA.—James C——, æt. 5. This boy has been sick three days. The thing complained of by the mother is that the boy cannot get his breath. He had a somewhat similar attack two years ago; but, apparently, recovered perfectly. Since three days ago he has suffered from oppression in breathing, has been feverish, has had a tight, oppressive cough, but no expectoration. He is unable to lie in bed on account of the difficulty of breathing.

Physical Examination.—Great heat of skin; tongue coated; pulse, 120; respiration, 32.

Percussion, anterior: Dulness upon left side slightly marked at apex; becoming distinct at the middle portion and downwards.

Posterior: Dulness more marked over lower portion of chest upon the left than anteriorly, and there is considerable difference between the right and left chest posteriorly.

Auscultation: Over the region of dulness upon the left side moist bronchial breathing heightened in pitch, and evidently distinctive of consolidation.

At the upper portion of the lung it is to be noted that there are some subcrepitant râles, but not the evident consolidation that is found at the lower portion of the lung.

Anterior: At the lower portion of the left lung there is heard a harsh murmur, but not the distinct tubular respiration which is heard posteriorly.

Over the right lung posteriorly, at the inferior angle of the scapula, and along the edge of the scapula, there is also marked tubular respiration.

Anteriorly, there is no dulness upon the right side, nor harsh murmur, as heard upon the left side. This case, gentlemen, is interesting in the following particulars:

First, it is a pneumonia; second, it is a case of double pneumonia; and third, it is a case of pneumonia affecting the posterior portion of the lungs almost exclusively. The bronchial breathing does not extend anteriorly at all upon the right side, only to a very limited extent on the left side, and there is not true tubular respiration; hence there is scarcely any consolidation anteriorly upon the left, and none at all upon the right side of the chest. It is a case, then, in which nearly all the pneumonic process present is limited to the posterior portion of the lungs, the anterior portion of both lungs comparatively escaping. This is a rare occurrence.

Again, it is a true *lobar* pneumonia, a true consolidation. It is not the common form of pneumonia which occurs in childhood.

The most common form of pneumonia in childhood is broncho-pneumonia, and is characterized by only very little consolidation; there is not the

marked respiration and the phenomena we have here. This case is like the pneumonia of adults, excepting the peculiarity that it affects so purely the posterior portion of the lungs. It is like the pneumonia of adults in being a true consolidation of pulmonic texture. This is a point worthy of careful consideration. I am of the opinion that true pneumonic consolidation, like that which occurs in the adult, is of much more common occurrence in children than is ordinarily supposed.

In the matter of diagnosis it is doubtless frequently overlooked, from the fact that quite commonly too much stress is laid upon percussion, and too little stress is laid upon auscultation.

Our time does not permit the farther discussion of this question; but the fact is before us. We have here a case of pneumonia such as occurs in the adult, and it is a case of double pneumonia affecting a section of each lung.

Treatment.—The first thing to be done is to place the patient in bed. While dismissing him, it may be worthy of notice that we may have a pneumonia *without* cough or expectoration, and nothing but the physical signs will give the true meaning of the symptoms which may be present in the case. When the patient is placed in bed he should be thoroughly dry-cupped. If he were not a pallid, weak child, ill-fed, and with nutrition at a low point, leeches or wet-cups would be applied to the chest. As it is, dry cups only will be employed. Internally, he is to take a powder containing the following remedies:

℞.—Digitalin ..... gr. ⅙.
Dover's Powder ..... gr. i.
Nitrate of potash..... grs. iij.—M.

There is but one defect in this prescription, and that is with regard to the quantity of ipecac it contains; that is not so large as we could wish, hence we will add to the above powder one-sixth of a grain of ipecac. Administer one of these powders every three hours.

What does this prescription mean? We have the digitalis to control the circulation; we have the ipecac to act upon the secretions, and especially upon the secretions of the pulmonary structure, bronchial tubes, and air-passages; we have the nitrate of potash, which acts upon the skin, and at the same time is among the remedies which are used in the treatment of pulmonic consolidation.

The entire action of the powder is to promote secretion from the lung itself, and thus lead to expectoration; and in the nitrate of potash we have an agent which is in some degree a solvent and an internal antiphlogistic. The small amount of opium in the Dover's powder will not interfere with the general outline of treatment, and will relieve the general discomfort of the patient. Good food and plenty of milk also form an important part of the treatment.—*The Medical Record.*

PRACTICE IN PENNSYLVANIA HOSPITAL, PHILADELPHIA.

The Treatment of Pneumonia.—The chief remedies employed in the treatment of this affection, in this hospital, are quinine, nitrate of potash and Dover's powder.

The quinine is given in small doses, and frequently repeated, being administered for its tonic effect. It has been used but very little in this hospital for its *antipyretic* effect, either in pneumonia or typhoid fever. In Bellevue Hospital, New York, the remedy has been very much used for this purpose, hoping thereby to prevent tissue waste. The nitrate of potash is regarded as mildly antiphlogistic, as possessing in some degree a solvent power over the exudation, and it has also some diaphoretic influence.

The Dover's powder is administered in soothing doses.

Poultices are applied to the chest and ordinarily covered with oil silk; they are believed to act as revulsives. Stimulants are used according to the condition of the pulse. Diet is sustaining, bloodletting is very rarely resorted to.

Subacute Pleurisy or Pleurisy with Effusion.—Diuretics are mainly employed, but particularly ferruginous diuretics. The liq. ferri peracetatis, or Basham's mixture, is uniformly administered. Diet sustaining. The formula for Basham's mixture as furnished by the apothecary of the hospital is as follows:

℞.—Liq. ammon acet.....ʒvi.
Acid acetic.....ʒiii.
Tr. ferri chloridi.....ʒv.
Alcohol.....ʒii.
Syrupus.....ʒiv.
Aquæ.....ʒiv.—M.

Teaspoonful doses three or four times a day or oftener.

Paracentesis is never resorted to early, unless there are present some special symptoms which demand it.

Chronic Bright's Disease.—Diet nourishing; and the administration of tr. ferri chlorid, or Basham's mixture, are the leading features of the treatment of this affection, unless special symptoms are developed. Some cases of late have done remarkably well upon the White Rock spring mineral water. Hydragogues are commonly employed where dropsy supervenes. When convulsions are threatening, a purge is administered, generally elaterium, and perhaps a hot-air bath. Opium has never been employed in this hospital in the treatment of uræmic convulsions.

Acute Articular Rheumatism.—Cardiac complications are commonly present when the patients are admitted. A soft blowing murmur heard at the base of the heart with the first sound is regarded

as a cardiac complication, but one which will probably pass away as the rheumatic fever subsides and disappears. These patients are treated mainly by the use of bromide of ammonium, administered in doses of from 16 to 20 grs. every 2 or 3 hours. Citrate of potassa is also not unfrequently administered in doses of 20 grains every three hours until the fever subsides, When the fever has subsided, quinine is administered in full doses. There is no aim in the treatment of rheumatism in this hospital to render the urine alkaline. When alkalies are pushed, convalescence is rendered much more tedious.

The joints are wrapped in dry cotton. When pericarditis or endocarditis occurs, if there is excessive cardiac action of a tumultous character, infusion of digitalis is usually administered; and if there is much effusion into the pericardium, a blister is placed over the præcordial space.

Diabetis Mellitus.—The patient has been placed upon opium three grains daily, and increased to seven or eight grains, without producing any special effect upon the disease. He was now receiving bicarbonate of potassium with the opium, and was improving markedly under this treatment. The diet was regulated to conform to the disease.

Method of Applying the Nitric Acid Test for Albumen.—The presence of albumen in the urine in exceedingly small quantities can be detected by making use of nitric acid in the following manner; fill a test tube a third or a quarter full of urine, and when the nitric acid is added let it run down the side of the test tube drop by drop. Added in this manner, the acid will collect upon the surface of the urine, and if albumen is present it will be recognized by the presence of a white line between the acid and urine, which will be delicate in proportion to the amount of albumen in the urine. Albumen in urine is much more certain of recognition when the acid is added in this manner, than when added in what may be called the ordinary manner.

Earth Dressing in Surgery.—By the favor of Dr. Hewson we were permitted to see something of the "earth dressing," which he recommends. The earth used is common clayey soil dried and sifted. Care must be taken in drying the clay that it is simply dried and not roasted. It should be free from all vegetable matter, sand, etc.

When applied it is wet up with *cold* water, and made of such consistence that it can be easily spread upon cloth.

In general, the wet clay is spread upon strips of cloth of the same width and length as strips of adhesive plaster cut for a like purpose, and then applied in the same manner. The following is a brief reference in cases in which the dressing was seen applied. "The earths containing the double salts of aluminum with lime or magnesia, rather than those with soda or potassa," says Dr. Hewson, "were early found the better preparations for surgical uses." Fuller's earth has been used, but it has been found to be rather too alkaline.

Fractures of Thigh.—New method of measurement. Place the foot equally distant from the long axis of the body, and then measure from the *umbilicus* to the internal malleoli.

One case was noticed in which fracture of the thigh had occurred, producing very great deformity, and was followed by a great amount of swelling, etc. The limb was placed in a long fracture box, and extension applied by means of weight and pully at the foot of the bed. The purpose was to wait until inflammatory action had entirely or nearly subsided, and then place the limb in a permanent dressing of plaster-of-Paris.

Hydrocele.—Two cases of this affection were present, which presented some features of interest. In the first, the silver wire had been passed through the scrotum after the fluid had been withdrawn, but it had failed to bring about a cure. It was left in for forty-eight hours, and was followed by a great amount of inflammation. The case was then being treated by painting the scrotum with tincture of iodine. The visiting surgeon had been very successful in treating these cases in that manner.

The second case was one in which the wire had been introduced, and had been followed by an *immense* amount of inflammation. The suture was retained only twenty-four hours. Laudanum and water were being applied to the tumor, which was as large as the largest-sized orange. The remark was made that the silk suture was more liable to be followed by extensive inflammation, and perhaps suppuration, than the silver suture.—*Med. Record.*

THE MORTALITY OF CHILD-BED.

* * * We call attention to the means employed by Dr. Goodell, the Professor of Diseases of Women at the University of Pennsylvania, at the Preston Retreat for the Treatment and Prevention of Puerperal Diseases. In many respects, they are novel and revolutionary; they are, consequently, the better fitted for opening up of the system at present adopted for the management of the parturient woman. Time and wider experience will prove whether they are founded on correct principles. The author did not intend to publish until he had completed his one thousand cases. As yet, he has only seven hundred and fifty-six. The mortality was only six; three from puerperal causes. The following extracts from his pamphlet seem to be of sufficient interest to justify reproduction.

The institution contains twenty beds, divided amongst four wards, five in each ward. The cubic capacity is about 1,800 feet for each bed. About one hundred married women are delivered yearly.

They are admitted, on an average about sixteen days previously to confinement, and allowed to stay a month; they, however, generally only remain about eighteen days. The air admitted into the rooms is heated in the basement, and ventilation is maintained by a small jet of gas in the old-fashioned fireplace. Outside the hospital, puerperal fever was rife of late years. In Philadelphia and the city of New York, the mortality from puerperal causes (acknowledged as such) has been as high as one in forty-five, amongst all classes alike; if anything, more amongst the wealthier. The wards are used in rotation, one always being kept vacant for about two or three weeks. When a ward is emptied, the doors and windows are kept constantly opened until it is again used; and the whole of the walls, beds, furniture, and floors, are scrubbed down with carbolised soap, and then mopped over with a weak solution of carbolic acid. No water is allowed to be used to the floors until the ward is emptied again. The nurses belonging to the ward go off duty for a week when it is closed, and go through a thorough system of purification. The beds are of straw, which are changed with each patient; the blankets and bedclothes being boiled in water with a small quantity of carbolic acid added The feathers of the pillows and bolsters are only baked once a year, unless they should become soiled, or have been used by a patient whose convalescence has been retarded. Every woman has a bath at least once a week before delivery. Any indication of enfeebled health is at once treated with quinine, steel, and phosphoric acid. Headaches and sleeplessness are dealt with by warm baths and large doses of bromide of potassium. The bowels are kept relaxed and purged. As soon as labor begins, the patient is placed in a warm bath. The membranes are generally ruptured artificially. The second stage is never allowed to be prolonged, the forceps or vectis being used. The placenta is removed by Credé's method as soon as possible after delivery. The umbilical cord is not tied before it is cut. The blood and gelatin of the cord are 'stripped" out as much as can be; and, when bleeding has ceased, it is tied. No binder is placed round the child; nor is the cord touched, but left to lie flaccid and loose on the abdominal walls. It dries up without any smell, and peels off without leaving any raw stump. Out of five hundred infants, not one has had a sore navel or an umbilical hernia.

Ergot is not given as an oxytoxic; but as soon as the head comes to press on the perinæum, a drachm is given. Should the perinæum be torn, it is sewn up at once with silver sutures. A cylindrical compress is applied just about the fundus, and a tight binder applied for twelve hours, when it is removed, and not used again. The patients are confined on a delivery-bed, and wheeled into the ward, and removed to their beds. In not a single instance has flooding ever been caused by this muscular movement; if anything, it has rather tended to excite uterine contraction than otherwise. The next day after delivery, the woman slips out and sits in a chair whilst her bed is made; this is repeated once or twice a day until the fourth or fifth day, at which time she may get up, dress herself, and do what she likes. No patient is forced to leave her bed; but the force of example is so great, that most do. After-pains are immediately removed by quarter-grain doses of morphia, given every hour until relief is obtained. If they be very obstinate, ten grains of quinine are given every six hours until the ears ring. It is an invaluable remedy in these cases. There are no bed-pans; vaginal injections are employed. Every woman washes herself daily with carbolised soap and a pad of fine oakum. No nurse, except for some special reason, is ever allowed to wash the woman's person. If the lochia be offensive, she is taken out of bed more frequently, and placed on the chair. Should this not succeed, a vaginal injection is then used.

Whenever the lochia are offensive, or the pulse over 90, or the temperature higher than natural, or there are pelvic pains—in fact, when any untoward symptom appears—quinine is given, from six to ten grains every four hours until the ears ring. In addition, for abdominal pains, large doses of morphia are given, and the whole abdomen is painted with iodine, and a poultice applied over it. The canonical purge is never given. As soon as the patient feels strong enough after getting up, she takes a warm bath.

The reason assigned for not using the bed-pan is, that the recumbent position tends to retain in the utero-vaginal tract the putrescent discharges which are recognized by all authors as a great cause of the autogenetic variety of puerperal diseases. Besides, through the swollen condition of the parts, a putrid clot may be retained in any part of the passages; even injection is not able ordinarily to dislodge it. The exertion necessary, and the position in which the woman places herself, in order to use the ordinary chamber-vessel, are a very effectual remedy to rid the uterus or vagina of any clots and putrescent discharges. Again, slipping into the chair two or three times a day is not only an excellent deodorant, but it enables the bed to be thoroughly aired. This, Dr. Goodell believes, is especially necessary for a lying-in hospital.

The writer hazards the assertion that there is a form of puerperal septicæmia not necessarily accompanied by putrid lochia—at least, not appreciably so—but indicated by a high temperature, rapid pulse, complete anorexia, heavy sweats, and, later, by herpes labialis, which steadily resists treatment until the patient is made to get up. This we have seen several times ourselves, and we can bear witness to the truthfulness of the descriptio

and have found that the only treatment consisted in taking the patient out of bed, when, by the second or third day, the whole of the symptoms disappeared. Examination of the vagina, abdomen, and chest, revealed nothing to account for it. When a recumbent position was strictly enforced during the first five days, we found that not only did the discharges become generally offensive, but in every case there was a rise of temperature, amounting to about one degree, although the pulse was not materially affected. We came to the conclusion that the retention of the fœtid discharges was the cause, and adapted the system of bed-chamber with the best results. The dorsal decubitus, Dr. Goodell, as also do many of the American writers, thinks, tends to a passive congestion of the uterus, and to engorgement of the greatly hypertrophied placenta in particular. The tight binder, continued for some days, is also thought to add to it still more by pressing on the abdominal vessels and retarding the circulation. Milk-fever he ignores, except in the rarest of instances. Purges, he considers, disturb the equilibrium, promote the absorption of septic matter, and act as hæmorrhages do in labour, by increasing the activity of the absorbents. The appearance of septic poisoning on the third or fourth day is no mere coincidence; it is really cause and effect. Two cases the author states that he has seen to be directly due to a purge. Quinine should be always pushed to cinchonism whenever there are any symptoms of septic poisoning. Its power in producing absorption of the uterus, and preventing coagula from becoming detached, is esteemed to be very high.

Dr. Goodell believes that one of the reasons why the statistics of lying-in hospitals can never compete with private practise is, that the former are reliable, the latter not. His experience closely corresponds with Dr. Matthews Duncan's, and with that of all who have taken the trouble to investigate the matter thoroughly. It cannot be too strongly urged that the mortality of child-bed is much higher than what is generally stated, and that the ailments arising from it are of a more serious nature, and more frequent, than most medical practitioners suppose. It is to be hoped that the lying-in charities of London will not always remain the monopoly of nurses and midwives, but will be available for the training of medical students, whose present system of practical instruction is of the poorest description.—*Brit. Med. Journal.*

Iodine Caustic is prepared by dissolving four grammes of iodine in eight grammes of glycerin. It is used in lupus by applying it once every other day, and covering the parts with gutta-percha. This treatment is continued for several weeks.

IMPACTED VESICAL CALCULUS.

BY SURGEON-MAJOR J. H. PORTER, NETHLEY.

[Impacted vesical calculus being of rare occurrence, the following case may prove of some interest, in the treatment of which considerable difficulty was experienced.]

Private J. C., aged 24, in service four years and eight months, of which three years were passed in India, was admitted into the Royal Victoria Hospital, Netley, on the 27th of last April, from Rawal Pindee, with symptoms of vesical calculus. He was in a weak, emaciated, anæmic condition, suffering great pain in the hypogastric region, on the inside of his thighs, and in the perinæum and penis. He was also affected with frequent calls to micturate, accompanied by severe tenesmus, sleeplessness, and depression of spirits. The urine was normal in quantity, cloudy, and deposited a copious sediment, which, on examination, was found to contain pus, mucus, and a few crystals of triple phosphate. Heat and nitric acid threw down albumen in considerable quantity, but there was no pain referred to the kidneys. A large calculus was easily detected by Thompson's and other sounds; also by the finger in the rectum, the hand being pressed over the pubes.

On May 5th the patient having been placed under the influence of ether with Morgan's apparatus, the bladder was entered by the usual lateral operation, and large stone felt; but, in endeavoring to remove it with forceps, it was forcibly retracted or held, an outer layer breaking off and coming away in the blades of the forceps. On repassing the index-finger into the bladder, it was firmly grasped by it, and the stone was found adherent to it at the fundus. Several attempts were now made to detach the stone with the point of the nail, by carefully working the finger round it, by the scoop assisted by the finger in the rectum, and pressure of an assistant's hand above the pubes, and by injections of water into the bladder; but without success.

The patient having been on the operation-table for nearly three-quarters of an hour, and being in a low state, it was decided to postpone further operative measure. One thousand and ten grains of broken-down calculus had been removed. The patient was then placed in bed, and treatment adopted to allay local and constitutional irritation.

No unpleasant symptoms followed; in fact, he felt greatly relieved from his intense suffering. With the hope that the calculus might be detached from the bladder, the cavity was washed out through the wound from day to day; the discharge of mucus, pus, and grit, being copious and irritating.

On May 18th, the patient was placed in position

for lithotomy, and rendered insensible by chloroform. The index-finger of the left hand was introduced into the bladder by reopening the wound and another attempt was made to detach the stone by finger, scoop, forceps, and irrigation; but without effect, the bladder always coming with the calculus when any force was applied. Four hundred and thirty-eight grains including the nucleus of the stone were removed on this occasion.

On May 20th, the patient being again placed under the influence of ether, the wound was reopened and dilated with the finger, and the calculus was now found to be detached; but where it had adhered, or had been impacted, there was a deep sac firmly coated with a calcareous deposit, which it was necessary to dig out with the point of the finger nail. All fragments were now removed, and the bladder was carefully washed out with a strong current of water from an irrigator. Five hundred and seventy grains were removed at this operation, making in all 2,018 grains = 4 ounces, 1 drachm, and 38 grains (apothecaries' weight); besides a quantity unknown lost in the discharge.

From this time forth, he rapidly improved. The urine continued to flow through the wound until June 2nd, when it appeared through the urethra; and after that date but little escaped through the wound. As might be expected, the urine was loaded, for some time after operatives measures had ceased, with mucus, pus, and disintegrated blood-corpuscles; but, under the administration of diluents and the tincture of perchloride of iron, these symptoms gradually lessened. The external wound completely closed. There was no stricture, nor difficulty in retaining the urine; and he was discharged from hospital in excellent health on August 16th, a slight trace only of urinary deposit remaining, consisting of mucus.

The calculus consists of two portions as regards chemical composition, viz., 1, phosphate, which principally composes the outer laminated portion; and 2, triple phosphate of ammonia and magnesia, composing the interlaminated structure. The nucleus is one inch by three-quarters, of oval shape, rough and regular on the surface. On section, it is found to be beautifully laminated, a dark hard and white soft material alternating; while the centre encloses a cavity a quarter of an inch in diameter, containing crystals of triple phosphate and spherules of lime.—*Brit. Med. Journal*, Oct. 31st.

CASE OF ADDISON'S DISEASE.

BY JOHN SPENCER FERRIS, M. D., LOND., UXBRIDGE.

Elizabeth J., aged 47, spinster, housekeeper, living at Brantford, was brought to me by her sister on July 8th, complaining of sickness, and great debility. I at once noticed the colour of her face, which was very brown or bronzed, and I inquired if she had ever been in India; but she said she had hardly been out of Middlesex all her life; and her sister said that at Easter she was well, but, when she saw her at Whitsuntide, she noticed the brown colour. It had been deepening ever since, and she had been becoming weaker. The skin of the face was all browned; but there were extra patches of brown and on each side of the chin and on each side of the forehead. The skin of the whole body was also bronzed; the back of the neck and round the umbilicus very deeply so. The hands were very brown. She had a very weak pulse, and her lips were quite pale and bloodless. She had running abscesses round the left hip, having had disease of this joint since childhood. There was no family history of tubercle; her father died of gout, and her mother of bronchitis at 63; her brothers and sisters were all living and well. Her sister said she had a fair complexion and light brown hair. This sister was very fair. Twenty-four years ago, she had a bad cough, which lasted some time. She could take very little food, as almost everything made her feel sick.

I ordered her a nourishing diet, and gave her stomachic sedatives, such a bismuth, quarter and half-grain opium-pills, etc.; and then, when her stomach would bear it (but this was seldom, and not for long), sulphate and ammonio-citrate of iron and cod-liver oil. Though she was stronger for a time, she soon afterwards became weaker and weaker, and unable to take any food, and died of exhaustion on September 13th. She had no cough, or pain, or any other symptom but the brown skin and the great debility. The urine never had any albumen.

On September 15th, assisted by Dr. Casey of Windsor, I made a *post mortem* examination. First of all, we noticed ankylosis of the left hip, numerous cicatrics of abscesses, and one or two fistulæ of abscesses. The body was much emaciated. In the apices of both lungs there were the remains of old tubercle, and adhesions of the pleura to the ribs. The heart was small and flabby; the liver and spleen were normal. Both kidneys had undergone to a small extent amyloid degeneration; but in the left one, and at the upper part, there was an abscess half an inch in diameter; it contained pus cells and granular *debris*. Near this was a cyst with thickened walls, as if it were the remains of an old abscess. The supra-renal capsules were much enlarged and indurated, weighing respectively 4½ drachms and 4 drachms. On section, almost no trace of normal structure could be seen; but in its place a gristly fibrous tissue, studded with masses of firm cheesy substance, in some of which were calcareous spicules. Under the microscope, these masses presented the ap-

pearances of cheesy tubercle, oil-globules, and granules in great abundance, with granular corpuscles of irregular form and size.—*Brit. Med. Journal.*

THE INDUCTION OF PREMATURE LABOUR.

The question as to the best method of inducing premature labour is not one which can be settled, as Mr. Clogg gives the preference to puncturing the membranes, because he himself, on two occasions, brought on labour in this way *in the same individual*, the labour terminating with twelve hours, and the result, as regards the mother, being favourable. In contrast to this, he refers to a case (No. 11) in my series, in which delivery did not take place until sixteen days after the introduction of the first tent. To make a fair comparison between the two, he ought to have quoted the short description which I gave of the case in my paper, and which is as follows.

Case xi.—In March 1869, I induced premature labour in a patient—Mrs. N.—who had been twice delivered by craniotomy, on account of pelvic deformity. The os was dilated by tangle and sponge-tents. After the third tent, the membranes ruptured and some pains came on. This, however, although ergot was given, passed off after some hours. I then left her for a few days, and again introduced some tents, but with no better result. I then desisted for the present from further efforts, until about sixteen days after the introduction of the first tent, labour came on rapidly and the breech of a child presented. This was speedily expelled, and proved to be a fœtus of about eight months. Both it and the mother did well.

Now this case, it will be observed, tells rather against Mr. Clogg's argument than for it. The membranes were ruptured (what can it matter whether this was effected by a tent or a catheter?) about the third day, and yet delivery did not take place until a fortnight afterwards. It is not fair to call this, as Mr. Clogg does, a "sixteen days' labour." Had it been so, the woman, in all probability, would not now have been alive to tell the tale. The fact is, there was no uterine action, and therefore no pain, until a few hours before delivery. This case (this most tedious on my list) was simply one in which, from idiosyncrasy, it was almost impossible to provoke uterine action. Mr. Clogg's, on the contrary, was one in which it was very easy to do so. Rupture of the membranes, whether natural or artificial, is not an infallible provocative of speedy labour. About a year since, I published in this *Journal* a case in which the membranes ruptured spontaneously, the waters gushed away, and meconium escaped *per vaginam* for several days; the child ultimately dying and not being expelled until exactly a month after the rupture of the membranes.

As I have said before, I do not object to puncturing the membranes because it is a more speedy or more tardy mode of inducing premature labour than the use of tents, but because I am convinced it is less safe for the child. That these objections are not peculiar to myself is shown by the following passage from Dr. Barnes' excellent work on *Obstetric Operations*:—"It is an inversion of the natural order of parturient events. Some uterine action, lubrication and expansion of the cervix, ought to precede the evacuation of the liquor amnii. If this order be not observed, the child is apt to be driven down on the unyielding cervix, and the uterus, still contracting concentrically, compresses the child and kills it. And this is all the more likely to happen in premature labour, from the greater liability to shoulder presentation and descent of the funis.—*Dr. Swayne, Brit. Med. Journal*, Oct. 31.

BLOOD-DRINKERS.

Upon inquiry at slaughter-houses, it is found that there are nearly two hundred persons in the city of New York who are in the habit of drinking blood flowing warmly from oxen, for strengthening purposes and for the cure of certain diseases. A lady is reported to have spoken to an inquirer as follows: "Professor Velpeau, of Paris, prescribed blood for me. I was consumptive and hastening to the grave. It has prolonged my life fifteen years. I had the utmost repugnance to it at first, but now a half-pint of hot blood from a well-conditioned ox is the greatest luxury of my life. My sister's baby so far has been preserved and nourished with little else but blood. I know twenty persons who drink it in my own neighborhood, to whom I have recommended it. It has extraordinary effects on some people, especially women, but should not be resorted to unless there is absolute weakness of the system." On a visit of the inquirer to a slaughter-house in Tenth Avenue, near Forty-second Street, he found a delicate-looking woman with a sickly boy, holding a glass to the blood which ran from an ox with his throat cut. Both drank two or three glasses in turn, and departed with an appearance of added vigor. The proprietor said: "All last winter we had men, women, and children every morning to drink blood. They always imbibe beast's blood; never the blood of sheep. Some of them wince a bit at first, but, when you close your eyes, warm blood from the beast's neck has just the same taste as warm milk from the cow. We don't charge for the blood excepting when we sell it to sugar refiners." The blood of beeves is asserted to be more efficacious for weak lungs than cod-liver oil.—*Phil. Med. Times.*

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THE PAST YEAR.

Ere these pages have reached our many subscribers we will have entered upon another year, and it may be interesting to retrace our steps for a little and take a retrospective view of the changes and improvements which have taken place in the medical world within the past year. Near the close of the year preceding the one just passed the elastic bandage of Prof. Esmarch was introduced into surgical practice in England and America. Since then it has been tried in all the hospitals and in private practice and has been generally successful and proved a valuable improvement in surgery. It is especially adapted for the removal of vascular tumors in the extremities, operations for necrosis, amputations and excisions, also in all cases where the prevention of any considerable loss of blood is of vital importance to the patient. The only disadvantages which have attended its use are occasional sloughing of the flaps, paralysis from long continued pressure on some nerve, and septicæmia. It should not be used in amputation for gangrene, or where septic abscesses exist, in which there is danger of poisonous matter being forced into the circulation. Following this was a new, or rather the revival of an old plan for the removal of tumours by strangulation, with an elastic ligature. It was introduced into England by Sir Henry Thompson, who obtained the idea from Prof. Dittel, of Vienna. Prof. Dittel transfixes the base of the tumor through its centre with a double ligature, and ties each half without any cutting operation whatsoever. Sir Henry proposes to divide the integument around the base of the tumor, to make a bed for the ligature. This operation has very few advocates, and is not likely to come into general use. The same principle has been applied in a few instances for the cure of fistula in ano. The application of torsion for the arrest of hemorrhage has again been revived, and with better prospects of becoming generally adopted than at any previous period in the history of surgery. This is owing to a better understanding of the pathology of the subject, and the invention of superior instruments for the purpose of applying torsion, in what are called "torsion forceps." In the Toronto General Hospital, during the past year, nearly all the larger arteries have been "torsioned," and in no case has secondary hemorrhage followed, not even in cases where there was considerable sloughing. The aspirator, which was introduced the preceding year by Dr. Dieulafoy, of Paris, has been extended in its use, and found of great value to the surgeon, in enabling him to make a diagnosis in cases in which the existence of fluid was doubtful, and to draw it off when present. It has been used, in exploring tumors, in the removal of pus and fluids from joints, emptying chronic abscesses, in chronic hydrocephalus, for retention of urine, in empyema and hydrothorax, in strangulated hernia, and to relieve the pain of distension in tympanites. Many important and valuable improvements have been made on the instrument, adapting it to these various operations, whereby the operator is enabled not only to remove, but also to introduce fluids for washing out cavities or injecting solutions for medication. The injection of pulmonary cavities by means of the aspirator or the hypodermic syringe is another new feature in the treatment of disease, a weak solution of iodine and iodide of potassium being used for this purpose. Twenty minums of the solution are injected into the cavity about once a week. It is said to alter the character of the secretion, diminish the amount of purulent formation, hectic irritation, and danger of constitutional infection, and favor cicatrization. The cases already tried have been chiefly experimental, and it remains to be seen whether or not this practice will be found beneficial.

Probably the boldest and most unusual surgical operation performed during the past year was the removal of the larynx, by Professor Billroth, of Vienna, for malignant disease. The patient recovered so far as to be able to go about, and was

enabled, by the application of an ingenious contrivance made by H. Leiter, an instrument maker, to speak distinctly when exhibited to the clinical class in the hospital. He finally succumbed from a recurrence of the disease. The operation was, however, so far successful as to show the feasibility of such an operation and the possibility of making a contrivance by which the absence of the vocal cords may be in some measure compensated.

A new operation for the cure of aneurism, likely to be of some service, was announced in the latter part of the preceding year by Dr. J. Levis, of the Philadelphia Hospital. It consists in the introduction of horse-hair into the sac, so as to cause obstruction to the flow of blood and favor the deposition of fibrin and the closure of the sac. It was introduced through a short needle canula plunged into the sac, and a considerable quantity (24 feet) of hair stowed away in the interior.

The treatment of affections of the joints by massage, *i.e.* manipulations with the fingers or hands, as practised in Denmark, attracted the notice of the profession in the early part of the year, owing to the great reputation attained by a Dutch physician —Dr. Mezger—through his successful treatment, by this mode, of the Danish crown prince. He employs it in both acute and chronic cases. It consists essentially in kneading, rolling, percussing or rubbing the parts once or twice a day, from 10 to 15 minutes at a time. The local circulation of the blood is increased, the tendency to stagnation removed, and the skin resumes its normal appearance; deposits are broken up and absorption is hastened. The practice has not been so successful in other hands as with Dr. Mezger.

"Scissor-cutting," under ether spray, has been introduced by Dr. Benjamin W. Richardson. He produces local anæsthesia of the parts by ether spray, and then proceeds to operate by means of the scissors. The great objection to local anæsthesia is the difficulty of cutting through the hard, frozen parts with a scalpel. The advantage of the scissors, he says, will be at once proved if any one will take a thick, firm, structure—a cover of a book for example—and try to cut through it, first with the knife and then with the scissors. The cutting is also made without any downward pressure, and thus much pain is saved the patient. He believes that every cutting operation in which local anæsthesia is practicable may be performed by scissor-cutting, and that many operations may be painlessly done by the local method. The anti-septic treatment of wounds has held its place. Boracic acid dressings have also been used in Edinburgh and other places with splendid results.

In the domain of medicine and therapeutics many improvements and suggestions have been introduced, new remedies brought forward and old ones applied to new purposes. Chloral hydrate, which was introduced to notice the year preceding, has been extensively used, and in some quarters more highly extolled than ever, while in others it has been condemned as a highly dangerous weapon, several deaths having occurred from carelessness in its use, and probably from a want of knowledge of the cases in which its use is contra-indicated. It has lately been used as an anæsthetic during labor, and is said to have an immense advantage over chloroform in not lessening the strength of the pains, while it remarkably diminishes the suffering resulting from them. It is chiefly applicable at a time when one could not think of giving chloroform—near the close of the first stage of labor. It is given at first in 15 grain doses every twenty minutes, then in smaller quantity, increasing the intervals between its administration, and this usually keeps up the effect for hours. It does not necessarily interfere with the exhibition of chloroform near the close of labor, if thought desirable. It has been used with marked success in the treatment of spasmodic asthma, and in whooping cough. It has also been used locally, combined with camphor equal parts, as an anodyne in neuralgia and other painful affections. The experience of the past year has shown that its internal use is contra-indicated in many lung affections, as pneumonia, bronchitis, and emphysema—where, by lessening the oxygenation of the blood it would tend to produce lividity. This is especiaily the case where any of these affections are accompanied by obstructed circulation. It is also contra-indicated in many cases of heart disease, causing faintness and irregularity of the pulse, prostration, and sometimes death. The prolonged use of the drug is unsafe, as it is liable to impair the nerve centres, causing loss of memory and muscular strength, and in some cases imbecility and paralysis. It is also contra-indicated in diseases of the intestimal canal, causing irritation and purging.

The use of cold baths in the treatment of diseases attended with a high temperature has been put into practice, and with beneficial results. To put fever patients in a cold bath and keep them there for hours, is at first sight, a startling kind of treatment, but it has been done, and with great benefit to the patient. It may not be very easy to carry this out in general practice, but similar results may be obtained by frequent and regular sponging of the surface. Quinine has also been prominently brought under notice recently as an antipyretic agent, a fact which explains in part, why it is so useful a remedy. The administration of alcohol is also said to have the effect of reducing the temperature, although not in accordance with our preconceived notion of things.

Electricity has become a favorite agent in the hands of the advanced physician. Galvano-cautery is in many cases taking the place of the knife. Electricity is used to remove pain, cause the absorption of fluids and to disperse solid tumors. No greater triumph can be mentioned than that involved in the removal of tumors, as bronchocele and the like, by electrolysis.—It has also been used to induce vomiting, bring about premature labor, and relieve constipation of the bowels.

Among the applications of old remedies to new uses, may be mentioned turpentine, which has been highly spoken of, and frequently used of late in the treatment of pyæmia and low fevers, also in rheumatism. It is administered in what may be considered large doses, viz., from half a drachm to a drachm every three hours in almond mixture or emulsion with eggs. Iodoform has been used as a local remedy in fissure of the anus, and with very good results, also combined with glycerine, equal parts, in the treatment of chancroids; and guarano in sick headache and chronic rheumatism.

Hypodermic medication has also received considerable attention, and has been applied to various new uses. Hypodermic injections of carbolic acid, 2 parts to 100 of water have been used in Germany, in local inflammatory conditions, sulpho-carbolate of soda in erysipelas, and ergotine by Von Langenbeck, in prolapsus ani, in the proportion of from 5 to 15 in 100 parts water. Alcohol (pure) has been injected to prevent the growth of cancer, by Dr. Hasse, of Berlin. He claims that it obliterates the vessels and causes the atrophy of the growth. The pain is severe, but is reduced by ice. The injections are repeated every 8 to 14 days.

Among the new remedies may be mentioned eucalyptus globulus, which is used as a substitute for quinine, and is believed by some to have a more general and extended use; and croton chloral. These remedies have not really been discovered within the year just past, but they have come chiefly into use within that period. Croton choral is obtained by the action of chlorine on aldehyde; it is a crystalline substance, in small tablets, not very soluble in water, but soluble in alcohol and glycerine. It is an anodyne and hypnotic, and may be used where choral is contra-indicated. The dose is from 5 to 20 grains.

A new method of resuscitation from chloroform, narcosis has been introduced by M. Nelaton, and promises to be of great service. He believes that death is caused by anæmia of the brain, and recommends that the patient be suspended with the head inclined downwards until there are signs of restoration, other means being employed at the same time. It has been tried in several instances and has been attended with success.

In obstretric medicine, Barnes' plan of injecting perchloride of iron into the uterus in post partum hemorrhage which resists all other treatment, has been repeatedly used by himself and others and with satisfactory results, being the means of saving several lives. The operation of transfusion has also received much attention. It has been used not only in cases of extreme hemorrhage, but also in cases of phthsis and debilitated conditions of the body. The blood of lambs and kids has been used for the purpose of transfusion, and is said to serve the purpose as well as human blood.

The death of the Siamese twins (Chang and Eng), which took place in North Carolina, U. S., on the 11th of January, excited some interest, chiefly from a desire to know the nature of the band which connected them.

Pouches of peritoneum were found to pass through the band, and there was also a connecting liver tract of a vascular character, but no large vessel, as was formerly supposed. Eng lived only two hours after the death of Chang. He was supposed to have died of fright. The nature of the band showed that a separation during

life would not have been necessarily fatal, though somewhat dangerous.

The subject of sanitary science, has been brought prominently before the people of Europe and America and not without good results looking to the future. During the last session of the Dominion parliament, Dr. Brouse brought the subject under discussion, and the Premier promised to give the subject his attention. In the United States, our friends have just brought to a close a very successful meeting in the interests of this science. It was well attended and many interesting and valuable papers were read and discussed. The subject of cremation has also been a good deal discussed during the past year, and although advocated in England by no less a person than Sir Henry Thompson, it did not go down well. Existing prejudices will prevent any movement in that direction for many years to come.

And now coming nearer home the principal event of interest, was the attempt by the Homœopaths and the *Globe* at the beginning of the year, to introduce a bill into the local parliament which would have the effect of destroying the working of the Ontario Medical Act. The profession was thoroughly aroused against this monstrous bill, and petitions came in from all parts of the province. The physicians resident in Toronto, and some from the surrounding country opposed it in committee and succeeded in strangling it. They then introduced their own amended bill and passed it through the House without discussion—two readings in one day. The *Globe* was astonished at the course of events, and deeply chagrined. Its editor, Mr Gordon Brown, lobbied hard for the Homœopathic bill. The promoters of the bill held meetings of their lay friends; they button-holed members to vote in favor of it, but only a paltry few, whose names we mention elsewhere, could be cajoled into voting for the monstrosity.

During the summer months, Prof. Erichsen, of London, England, made a visit to Canada and the United States. He remained a few days in Toronto and was called upon by many of the physicians resident here. He was also very cordially received by the leading physicians of New York and Philadelphia, and entertained in the most kindly way.

Another matter of interest, was the meeting of the American Medical Association in Detroit. A large number of Canadian physicians attended by invitation, and were very kindly welcomed. The meeting was a very interesting and profitable one, and continued in session three days. Many papers were read and much useful discussion participated in. The most exciting debate of the meeting took place on a question relative to shortening in fractures of the thigh; Dr. Sayre, of New York, who introduced the subject, taking the ground that there should be little or no shortening. The majority present disagreed with him, and maintained that at least, in civil practice, shortening to a considerable extent was the rule.

Later in the season, the Canadian Medical Association met at the Clifton House, Niagara Falls, and spent a very pleasant time. Delegates were present from the United States, (Drs. Jenks and Thompson) and were cordially received. The meeting was well attended and several interesting papers were read and discussed. It remained in session two days and adjourned to meet in Halifax, on the first Wednesday of August, 1875.

A convention of American Chemists was held at Northumberland, Pa., U. S., in honor of Priestly, and to celebrate the 100th anniversary of the discovery of oxygen; papers were read on the progress of chemistry, &c. Prof. Croft, of Toronto, was present as the Canadian delegate and read an able paper on the life and labors of Dr. Priestly. It remained in session two days, and adjourned to meet on the 1st of August, 1974!

There has been the usual amount of new books and new editions of old ones, as if the profession never could have too much reading.

Among new books, we may mention Roberts on Practice, Roosa on the Ear, Leishman on Obstetrics, Fordyce Barker on Puerperal Diseases, Reese on Toxicology, Van Buren and Keyes on Diseases of the Urinary Organs, H. C. Wood on Therapeutics, J. Russell Reynolds on Clinical Uses of Electricity, John D. Jackson, of Danville, Ky., on Ligation of Arteries, etc., etc. Also a very interesting non-medical work, "Pen Photographs," by Dr. Clarke, of Princeton, Ont.

Among the new editions of old works, we may mention Dunglison's Medical Dictionary, Fenwick's Diagnosis, Griffith's Formulary, Barnes on Diseases of Women, Thomas on Diseases of Women, Farrish on Pharmacy, Clay on Obstetric Surgery, Hartshorne's Conspectus, and Essentials of Medi-

cine, Biddle's Materia Medica, Stille's Therapeutics, Davis's Clinical Lectures, Kirke's Physiology, Schroeder's Midwifery, Bowman's Chemistry, Soelberg Wells on Diseases of the Eye, &c., &c.

Death has been busy among the ranks of the profession as elsewhere. Among the most notable we may mention Dr. Livingstone, the celebrated African explorer, and the surgical interest attached to the identification of his remains, by Sir Wm. Ferguson, through a fracture of the humerus he had received many years ago, and a false joint; Sir Henry Holland, who died at the close of the preceding year, also well known by his writings and travellings; Dr. Forbes Winslow, and Dr. Anstie, late editor of the "Practitioner." And at home we have a long list of heroes gone:—Drs. Duggan, Hamilton; Sutherland, Shelburne, N.S.; Moffatt, Quebec; Scholfield, Lloydtown; Dorland, Wellington; Keator, St. John, N. B.; Winans, Exeter; Meagher, Kingston; Munro, Fergus; Rowell, Toronto; Ross, Shakespeare; McKay, Truro; Harding, Carleton. N. B.; McManus, Newmarket; Ferguson, Buckingham; E. Vail, Sussex, N.B.; A. N. Bethune, Colborne; Chadwick, Port Rowan; D'Evelyn, Woodbridge; Smallwood, Montreal; Corson, New York; M. O'Connor, Haysville; Crombie, Streetsville; Pipe, Berlin; Duvert, St. Hyacinthe, Que.; Strange, Hamilton; Anderson, Ormstown, Que.; Potter, Gananoque; Robinson, North Orillia; Christie, Pictou, N. S.

The country has been unusually healthy during the past year, and almost entirely free from epidemics of any kind, with the exception of an outbreak of small pox in Montreal, and some severe visitations of scarlet fever in the western part of Ontario.

CHLOROFORM NARCOSIS.

In the last number of the LANCET, we printed a short paragraph on Nélaton's method of resuscitation from chloroform narcosis, taken from the *Boston Med. and Surg. Jour.* The importance of the subject, and the degree of interest which attaches to the method at the present time, both in England and in the United States, warrant us, we think, in recurring to the matter. Unfortunately, deaths from the administration of chloroform are sufficiently frequent to make the question of the best means of resuscitation a matter of the highest moment. It is but a few weeks ago that a melancholy accident of this nature happened in Kingston, an estimable lady having lost her life while under the effects of chloroform, administered by a dentist for the purpose of extracting a tooth.

The recent controversy, as to the merits of ether and chloroform, has undoubtedly been of service in bringing out the fact of the greater danger and fatality attending the administration of chloroform, while at the same time there has been a strong expression in favor of chloroform, on account of its pleasantness as compared with the primary irritating effects of ether, and on account of its speedy effectiveness as an anæsthetic. Could chloroform be disarmed of its danger to life, by the employment of methods of resuscitation at once promptly available and efficient, this remarkably useful agent would be disarmed of its terrors.

From the strength of evidence in favor of Nélaton's method, it is perhaps not assuming too much to presume that inversion of the body offers the best, as well as the readiest means of resuscitation from the narcotism of profound anæsthesia under chloroform. As to the readiness of its application, little or nothing need be said, as obviously that need be but the work of an instant. Nélaton, at the moment of danger, desisting from his operative procedure, would give the command, *Tête en bas!* and the patient would be momentarily suspended head downwards, by one of the assistants promptly shouldering the knees of the patient and allowing the head to go down on the surface of his back, in the inverted position.

Of the advantages of this procedure, Dr. Marion Sims has given the strongest testimony. In a most thrilling account which he gave at the last meeting of the British Medical Association, he told of several instances, under his own knowledge, in which it had proved successful in recovering the patient from imminent danger to life. His impressive statements at once rivetted the attention of the profession in Great Britain; and since the appearance of his paper in the *Brit. Med. Jour.*, there have been other instances of its efficacy adduced. Admirably simple and easily available, it proves to merit confidence fully as much as any other method of resuscitation. The followers of Nélaton, indeed, assert its superiority over all other methods.

We are content here to state the remarkable

practical fact. A theory, it is true, has been advanced, to account for the success of the method, and to account at the same time for the well-known fact that chloroform is better tolerated by the parturient female than by any other class of patients; but so far, it appears to us, the theory that chloroform narcosis is due to a condition of cerebral anæmia, does not rest on any other than the clinical fact, observed by Nélaton, Sims and others, of recovery from narcosis by the method of inversion. For the practitioner this is explanation or proof sufficient; the physiologist, however, would be eager for further proofs, drawn from the domain of experimental physiology.

FINE WORDS IN MEDICINE.

An occasional glance at past volumes of the LANCET and Braithwaite, will convince us that many subjects there satirized are as open to comment now, as then. On recently looking over an old volume of the former, we stumbled upon an excellent letter from a subscriber, signing himself "A Plain Man," in which the practice of employing Greek derivations in lieu of simple Anglo-Saxon is ridiculed. The rage for manufacturing words and overlaying our own terse and manly language has of late years been greatly on the increase, and unless a stop can be put to these coinings, we shall soon be talking in heaven-knows-what lingo, and have such a dust of verbiage raised, that we shall utterly fail to perceive the meaning of the authors, if they have any.

Contrast some of these modern writers with Cullen, Abercrombie and Mason Good, and the big-mouthed phrases and long-legged idioms of the former with their ridiculous coining of new names —to express things perfectly known by the old ones—will at once suggest to the mind of the reader the high rank occupied by these old writers, as British classics. The letter is too good to abridge; we therefore copy in full:

"To the Editor of the LANCET.

"SIR,—Will you permit me to present a few remarks on the style of medical literature of the present day. We laugh at the Americanisms, as we term them, which we see copied from Yankee newspapers; but as great faults are daily committed among our own medical authors. Many of the writers in our periodicals, and even in some of our larger works, seem to have their heads so filled with French and German words and phrases, that they have quite forgotten their native English. Some there are, too, who affect the use of strange words derived or adopted from the learned languages, wishing apparently to impress us with the idea that they can converse so much with the ancients, that they have forgotten that they live in these degenerate days. Now all this appears to me to be either mere affectation or excessive carelessness. There is nothing in all that we medical men have to say, which cannot be expressed in the copious stores of our own language. Let me give you a few examples: In a late excellent work on the ear, three species of deafness are distinguished as kophosis, paracousia and dysecæa. The first two I comprehended at once, but I had fairly to turn over my Greek Lexicon before I could get to the bottom or root of the last. Some of our Irish brethren are particularly fond of this sort of thing, using outlandish expressions: Thus, one man uses the word "chronicity" for duration, an opposite "sense" for an opposite direction; another speaks of a pulse of a "dicrotous" character; a a third talks of "consensual" actions, instead of consentaneous, and of "retro-peritoneal" cellular tissue, when he means the tissue behind the peritoneum.

"When one man wishes to express the taking of food, he cannot find a shorter way of doing it than the "ingestion of aliment," and another, in long-winded phrase, tells us that his patient "desires to micturate;" another lengthens the shortening of tendons, by calling it "contractation;" and a gentleman of considerable ophthalmic reputation, cures near-sighted persons of their defect by means of an instrument with the euphonious and sesquipedalian appellation of the "myopodiorthoticon." One would almost think that these gentlemen agreed with the diplomatist, who gave it as his opinion, that "the use of language was to conceal our thoughts."

"A PLAIN MAN."

MEDICAL ELECTIONS.

In another column we print the address of Dr. Clarke of Princeton to the Medical Electors of the Gore and Thames Division. We are glad to learn that he is again a candidate for election to the Council, and hope to see him returned. He has the best interests of the profession at heart, and is an able and faithful representative in the Council, and Legislative Committee rooms. The measures he alludes to, as necessary to the welfare of the profession and which are in justice due to it, will

have his most earnest attention. His suggestion that these matters should be urged upon parliamentary candidates at the impending election is a good one, and it is to be hoped that our medical friends will not lose sight of it. At such times candidates are generally more ready to listen to what one has to say, and more open to conviction, than after the fight is over and the battle won. Now is the time, therefore, to press upon them the need of all necessary reforms affecting the good of the profession and the public interest. The subject of sanitary reform—one which affects the healths and lives of the people; the proper registration of deaths; the means of preventing the spread of epidemics; the drainage of towns and cities; the hygiene of schools, hospitals and workshops, are matters on which the candidates should be asked to bestow a certain amount of attention, if elected to parliament. Dr. Clark also refers to the attempt by the Homœopaths, *et al.* a year ago to introduce a Bill which would have the effect of overthrowing the Ontario Medical Act. We would here remind our medical friends and especially those of East Toronto, that it would be well to test the candidates for their suffrages on this question before giving them their votes. For the benefit of those who may have forgotten the facts we publish the names of the members of the Committee of the House who voted for the introduction of the Homœopathic Bill last winter. They are as follows:—Hon. Mr. Crooks, *promoter of the Bill*, Messrs. Ardagh, Deacon, Meredith, Sexton, Snetsinger, and Striker.

AMPUTATION OF THE UTERUS. — Dr. Sinclair *(Brit. Med. Jour.)*. Dublin Pathological Society, reports a successful case of amputation of the uterus by means of the ligature. It was a case of chronic inversion, with apparent malignant disease. The uterus was snared with a strong whipcord, by means of a double canula, and drawn sufficiently tight to strangulate the parts. The patient was placed under opium, and milk diet, and the ligature tightened twice a-day; on the fifth day the greater portion of the tumor was removed by scissors, and in three days afterwards the ligature and remaining portions came away. The woman recovered rapidly, and left the hospital in good health in about two months.

CASE OF POISONING BY BELLADONNA. — Dr. Neish, of Odessa, Ont., has furnished us with the short notes of a case of accidental poisoning by belladonna, in which the employment of an emetic of sulphate of copper proved efficacious in relieving the urgent symptoms. The patient had had prescribed for him, in a distant town, a cough mixture containing belladonna, the dose of which was half a teaspoonful. On his way to Odessa, whilst riding in a vehicle, he was seized with an attack of coughing, to relieve which, he placed the bottle to his mouth and took a draught therefrom. The indefinite quantity swallowed proved sufficient to induce poisonous effects in a short time afterwards, such as great anxiety, tingling of the skin, extreme dryness of the throat, with difficulty of swallowing, weak circulation and faintness. The pupils were widely dilated. These symptoms furnished the clue to the conjecture of belladonna poisoning. Ten grains of sulphate of copper, dissolved in water, were drank with difficulty by the patient, but, on being got down, very soon produced copious emesis—and relief. Recovery soon became so marked, as to obviate the necessity of further medical treatment. It is to be noted that the bottle, containing this narcotic poison in concentrated form, had no label on it; the patient had simply been told to take half a teaspoonful. The incident teaches the necessity of extreme care in the putting up and administration of poisonous medicines.

NEW APPLICATION OF THE SPHYGMOGRAPH.—M. Cyon, an eminent French physiologist, in his work on "Le Cœur et le Cerveau." suggests the application of the sphygmograph for the purpose of obtaining the sentiments of a man's mind. As the tracings obtained in different forms of disease, pneumonia, typhoid fever, etc., show the nature of the cardiac movements, so distinct tracings might be obtained for emotions—as fear, guilt, and the like. He therefore proposes to use the instrument on persons suspected of being guilty of some crime and by recounting the details of the act, and comparing the tracings before and after its recital, the expert or judge might be able to form an opinion as to whether the accused had any part in the crime. The proposal is an ingenious one, but its utility is very doubtful; nevertheless, the general idea advanced by the author is worthy the attention of phsychologists.

To SUBSCRIBERS.—We are happy to be able to say that the LANCET—though for the first two or three years a heavy tax on our private purse—has now become self-supporting. To those who have paid their subscriptions promptly, happily the majority, we return our warmest thanks, and wish them much prosperity, and a long life of usefulness. We would feel much obliged if those subscribers who are in arrear for some time past would remit the amount due. It would be very acceptable at any time, but more especially at this season, as we are anxious to commence the new year with a clean sheet. There are many drawbacks in the management of an undertaking of this kind, and not the least is the perfect indifference some subscribers have to our repeated requests to pay up. Such persons cannot complain if we return the compliment by striking their names from our list and putting their accounts into the proper hands for collection. Our expenses are very heavy, and we cannot afford long credits.

DELINQUENTS.—The last number of the *Doctor* contains a notice that the names of all subscribers who are in arrears will be published. This will have the effect of causing many delinquents to pay up. It is an experiment worth trying. Some are so thick-skinned that nothing short of extreme measures is of any avail.

APPOINTMENT.—John Henry Watson, MD. of Alliston, Associate Coroner for the County of Simcoe.

Book Notices.

THERAPEUTICS AND MATERIA MEDICA, by Alfred Stillé, M.D., Prof. of Practice of Medicine, University of Pennsylvania, Fourth Edition, thoroughly revised and enlarged in two volumes. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

We are glad to see a new edition of this old favorite. It has been out of print for upwards of two years. The present edition has been carefully revised, and much new matter added, in all about 250 pages. The author has retained his former classification of medicines, not because, he says, "it is presumed to be perfect, but because it is more natural and practical than the more recent systems." Stillé's work ranks high as a text book on therapeutics. Vol. I. treats of astringents, irritants, tonics and stimulants. Vol. II. stimulants continued, sedatives, evacuants and alteratives. Those substances of most importance are treated of at length; while those of less importance are more sparingly discussed. There are nearly 1000 pages in each volume. It is well printed on good paper, and reflects credit alike upon author and publisher. It is a most admirable book; written in a very interesting style, and will be found a valuable work of reference on the important subject of therapeutics.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, Edited by Dr. H. Von Ziemssen, Prof. of Clinical Medicine in Munich, Bavaria. In fifteen volumes. American edition, Albert H. Buck, M.D. New York. Published by Wm. Wood & Co., New York. Price in muslin $5 per volume.

This work is written by a number of the most eminent clinical instructors of Germany, and will embrace the entire range of Special Pathology and Therapeutics and will be completed in 15 volumes, large octavo, of from 500 to 700 pages each. Each Vol. will be complete in itself on the subjects treated and is supplied with an index. It is translated by professional men of New York and elsewhere, some of whom have been students of the authors. The type is clear, the paper fine, and the engravings, types of the original. It is proposed to publish three or four volumes each year, in order to distribute the cost of subscription equally over about four years. The work will be sold only by subscription. It is a valuable work, and will form a handsome addition to the physician's library.

LLOYD'S MAP OF THE AMERICAN CONTINENT—New Invention:

Lloyd, the famous map man, who made all the maps for General Grant and the Union army, certificates of which he published, has just invented a way of getting a relief plate from steel so as to print Lloyd's Map of the American Continent—showing from ocean to ocean—on one entire sheet of bank note paper, 40x50 inches large, on a lightning press, and colored, sized and varnished for the wall so as to stand washing and mailing anywhere in the world for 25 cents, or unvarnished for 10 cents. This map shows the whole United States and Territories in a group, from surveys to 1875, with a million places on it, such as towns, cities, villages, mountains, lakes, rivers, streams, gold mines, railway stations, &c. This map should be in every house. Send 25 cents to the Lloyd Map Company, Philadelphia, and you will get a copy by return mail.

THE BREATH, and the diseases which give it a fetid odor, with directions for treatment by Joseph W. Howe, M.D., Prof. of Clinical Surgery, University of New York. New York: D. Appleton & Co. Toronto: Hart & Rawlinson.

THE CANADA LANCET:

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Original Communications.

MAILED SPLINTS FOR THE TREATMENT OF FRACTURES.

BY WILLIAM KERR, M.D., GALT, ONT.

I was first led to attempt an improvement in the structure of splints by a case of ununited fracture of the leg of five months' duration. A rude tin splint, but containing the germ of subsequent changes, effected a cure, the patient being permitted to walk with crutches during the whole period. Upwards of 30 years have since elapsed, and I now lay before your readers the improvements which time and experience have gradually suggested.*

In nature, we find that animals to whom bones are denied are provided with shells, and though this fact did not suggest the inventions I am about to describe, yet these may not inaptly be compared to the shell of the crustaceæ provided as a substitute for a bone, when that bone is fractured. I have called them mailed splints, from their general resemblance to mailed armour.† They are of tin-plate, hammered to adapt themselves very closely to the shape of the human frame, and are all hollow, so as to embrace from a-half to two-thirds of the circumference of the part to which they are applied. Owing to these advantages, and the attachment whenever necessary to adjoining parts, giving a more secure hold, and greater lever power at angles best suited for the purpose, the fractured bone may be steadily maintained in its position during the cure. Great or nearly perfect comfort is attainable, because the splints preserve their position on the injured limb almost independently of a roller; therefore bandaging to the extent of squeezing so as to give uneasiness, is not required. Comparative trials will speedily produce the conviction, that in cases of simple fracture, pain and suffering—when the first few days are past—arise from the splints in common use squeezing the bruised limb, and at the same time forcing the patient with a fractured leg or thigh to lie for weeks on one spot. In these fractures, my contrivances allow a considerable degree of locomotion; a patient having a broken leg, may in a few days turn from side to side, the limb being supported by the hands of another, and often at the end of a week is able to move about his apartment on crutches; a patient having a broken thigh, is soon able to shift from place to place in bed, or to sit upon its edge, his feet resting on the floor, and, if a young person, may be carried out of doors without the slightest injury.

Commencing with the forearm, A is the splint, which is applied to its palmar side. It is scolloped in the distal portion, to permit better adaptation to the shape of different sized forearms; besides, compound fractures often occur here, and the splint being wanting at this point, they are more open to inspection. Rotation, by which fractures are so often displaced, is prevented by the hand grasping the strong ribbon of tin-plate which slides on the two lateral wires; these are soldered at a short distance from the end of the splint, to avoid squeezing the wrist. A piece of cloth folded a few plies, in this, as in all other splints, forms the only padding. A short roller secures the arm to the splint; a second passes over the uppermost wire and underneath the hand, supporting it in its proper line with the forearm, and next surrounds both wires and the hand, making rotation impossible.

A certain degree of rigidity is necessary for a good splint; too much flexibility permits injurious compression, and too much firmness prevents the proper moulding of the splint to the thickness of the limb. Mere thickness of metal, however, is insufficient to give the rigidity required. For this purpose, the edges of the splints must be either hemmed, bound or wired. Hemming is turning over the edge on itself, making two plies; binding is embracing the edge in a little trough of tin-plate,

* I published an account of these inventions in the Edinburgh *Northern Journal of Medicine* for 1845. They were then more clumsy, but they contained the principles of the present.

† The word splint was formerly used for armour. In the ballad of Kinmont Willie, which relates his rescue from Carlisle Castle in the reign of Elizabeth, by Buccleugh and his men, we are told they had "splint on spauld," that is, armour on the shoulder.

making three plies; and wireing is folding the edge over a wire. The splints are pierced with small holes all of the same size, and having the same gauge as to distance, to permit easy attachment to each other by small screw-bolts provided with nuts. These holes also allow the escape of perspiration, and, in compound fractures, permit pus to get away, more especially when tepid water is freely poured over the part, or the limb with its splint is immersed. Bathing and immersion are very agreeable to the patient's feelings, and a great amount of quietude may be obtained, a most desirable object; but to make certain that no abscess is forming, or festering going on from pus being retained by the padding, the limb ought from time to time to be carefully lifted, washed, and replaced. Simple fractures do not require this attention, in most instances the limb may be let alone in its splint till the cure is completed.

In fractures of the forearm, the splint is used in the simple form I have described; but in fractures at the elbow, and of the humerus, a similar one, with three stout copper ribbons rivetted at the elbow, is required for attachment to a splint B on the arm. One of these resembles the letter T, the other two the letter L; these last are rivetted, one at each corner, and the third is rivetted between them; this last is screwed to the part of the arm splint B, which projects downwards over the inner condyle; the upper L ribbon is then bent to about a right angle, and its loose end. which is curved to suit the convexity of the arm splint, is now to be fastened to it by one or two screw bolts, and the lower L ribbon bent upwards so as to support the elbow; these ribbons protect the bend of the arm from undue pressure, and by the flat side of one being opposed to the edge of another sufficient rigidity is obtained. A cotton roller and a sling complete the apparatus. When the opposite arm is fractured the upper L ribbon will become the lower, and if in a compound fracture the wound, owing to its position, would be covered, the splint may be fitted on the outside of the arm.

I have succeeded perfectly in several severe injuries of the elbow with the apparatus described, but should the fracture be so high on the humerus that almost the whole of the splint is beneath it, thereby not allowing an efficient hold above the injury, then the arm must be attached to the breast-plate C through the intervention of the extremity of the middle T ribbon, prolonged to the wrist, and the elbow supported at a proper height by a piece of band iron screwed to the breastplate, making a skeleton platform presenting the edge of the iron to the fore-arm splint. The breastplate having its edges stiffened by wiring, is curved to the shape of the chest, and requires to possess a considerable degree of stiffnesss to prevent the breathing being compressed when it is bound to the body. As the edges of holes made by a punch would in a short time cut even strong thread, a row of eyelets is formed arcund the top and sides, and to these a strong roller of cloth is sewed, which is laced or buckled at one side; two leathern belts above the breastplate will give additional security, and braces over the shoulders will prevent displacement downwards. The two large apertures in the breastplate enable pressure on the female breast to be avoided, and give greater facility for the insertion of screw bolts.

In fractures of the clavicle, or cervix scapulæ, the only change on the preceding apparatus is the addition of a woolen wedge, which is pushed between the breastplate and arm-splint till the clavicle is properly elongated. I have tried several plans, but this is the simplest and best. To avoid a sensation of cutting, a thick brass wire is soldered along the whole upper edge of the arm splint, which, not pressing into the axilla, does not cause numbness of the arm. In all fractures requiring the breastplate, I place it not exactly over the

middle of the chest, but somewhat to the side giving it a somewhat hooked shape; in fractures of the clavicle it therefore necessarily intervenes between the woollen wedge and the patient's body,

It was an apparatus of this description, but without the wedge, which was used by Dr. McCargow in the case of ununited fracture of the humerus of nearly nine months standing, and successfully treated by him, as described in the *Canada Lancet*, Aug., 1874. Upwards of twenty years ago in a case of ununited fracture of the humerus, likewise of nine month's duration, I scratched the ends of the bones subcutaneously, applied the splint, and obtained a cure.

A very interesting case occurred where the back of the hand was terribly mangled by a planing machine, the arteries were not divided, but four cuts crossed the fingers and hand, dividing the bones, and opening eight joints. The forearm in its splint was slung from the ceiling, and water dressing applied. In the treatment there were two objects, to save the hand, and procure union of the tendons, so that the hand might be useful; for this last purpose it was necessary to keep the wounds as nearly as possible in apposition during the whole period of the cure, practically reducing the wounds to subcutaneous incisions. Slight pressure with the fingers could at any time maintain the edges of the wound in contact; trusting, therefore, to the steadiness of the hand in the splint, a ribbon of tin plate was attached to the wires at each side of the hand, with five little projections resembling fingers, each being moulded by itself, and giving the desired pressure on the skin beneath; that the pressure might resemble that of fingers a bit of caoutchouc was fastened to the projecting points. The hand and fingers were supported by a few broader ribbons of tin plate attached to the lateral wires, and moulded to the configuration of the hand and fingers above; to permit the escape of pus there was no padding beneath the hand, the slight elasticity of the tin plate giving the sensation of a spring mattrass. The fingers were supported laterally by upright plates having projecting points of wire stuck into corresponding holes in a strong cross band beneath. The chief attention was directed to the thumb and forefinger, and with such success that, when the hand regained its strength, he was able to write as well, though not so quickly, as formerly. During the whole period of the treatment he never lost a night's sleep from pain, a few at first, however, from mental anxiety.

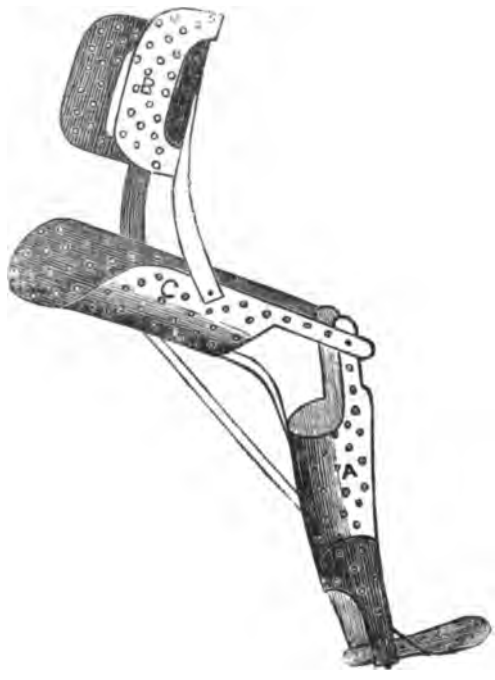
Many years ago a workman in a machine shop had the olecranon cut through, and the posterior part of the right elbow-joint opened by a circular saw. In a consultation which followed three medical men advocated immediate amputation, and only reluctantly yielded to my opinion that the arm might possibly be saved. A splint was applied; in eleven weeks he was able to ring the bell of the machine shop, and in a few months to assist in carrying stoves, and other weighty articles, a considerable degree of motion of the joint being retained. Water dressing and free bathing were employed; no burrowing of matter or formation of abscesses took place; the cure, no doubt, being much facilitated by the depending position of the wound; a most important object, which ought if possible to be attained, if not by position in bed, by slinging the limb in its splint, in all wounds penetrating joints.

For partial dislocations of the wrist, the small tubes by which the strong tin ribbon slides on the lateral wires have their further ends closed; sliding thus being impossible,* the necessary extension is maintained by tapes from a glove or cloth bandage around the wrist; these are drawn tightly over the tin ribbon which holds its position at the extremity of the wires. Counter extension is given by the arm splint.

For simple fracture of the leg the splint with its retaining bands is so closely applied to the limb, and fits it so accurately that displacement is scarcely possible. I have without injury conveyed a man on the third day after the accident 60 miles by railway, and 7 in a waggon, with four changes of the vehicle during the journey.

The splint consists of three pieces, two for the leg, and the third a thick copper sole. The pieces for the leg slide on each other for adaptation to different sizes of adults; the upper piece embraces about two thirds of the circumference of the limb, the lower, about three fourths; the upper is hammered out at the sides to give some degree of elasticity, and consequently a better hold; the lower is somewhat stirrup shaped to embrace the

*This is represented in the outline sketch; it is useful in all cases to prevent the points of the wires being caught by the bed-clothes.



instep, and hammered out opposite the ankle not to give pain by compression, and for a similar reason the anterior edge of its arch has a slightly trumpet form; indeed, in all the splints every corner is rounded, and every part which would hurt is so hammered as not to cause uneasiness. The lower end of the leg splint opposed to the heel consists of two strong flat tails, which slide on each other to allow adaptation to different sizes of ankles. Through holes in these the sole is attached by screw-bolts. The splint is placed over the front of the leg, and secured in its place by a cloth behind extending from its upper end to the instep, having a closely set row of buckles on the one edge, and tapes on the other; the heel and the leg corresponding with the stirrup part of the splint are supported by a cloth which is pinned around the wires on each side of the stirrup. A short roller binds the foot to the sole, which, still better to keep the foot from inclining to either side, has soldered to its edges two small pieces of tin plate, the loose ends of which are supported by the upright sides of the stirrup. To allow inspection of the fracture without disturbing the splint, there are two large apertures (about three inches in width measured on the curve) on the front of the leg splints, each divided by a narrow rod of tripled tin plate to keep off the pressure of the tapes; where the two splints overlap they can be brought into closer contact by the lower rod being loose, so that instead of intervening between the two, it may be placed over them. As already mentioned all the small holes being pierced to a guage, there is no difficulty in inserting the screw-bolts of which two, so placed as not to form a hinge, will connect the two leg splints, and the other two the sole. The whole length of the leg being pressed evenly into the splint, which forms an accurate mould completed in its whole circumference by the retaining cloths, sinking of the heel backwards, cannot occur whatever be the state of the pillow on which the leg is placed, whether the patient lies on his back or either of his sides, or sits resting his leg on a chair, or bye and bye walks with crutches, the weight of the splint being supported by a band around the neck.

In the case which suggested the first idea of these contrivances, the lower part of the leg had sunk backwards in bed, but at the end of five months it was readily drawn forwards by the broad band behind the heel. Firm union took place though I am unable to say in what time, because I was afraid for a number of months even to take off the splint. In another case, not of such long standing, the fracture was oblique, and the fractured extremities to some extent rode on each other. I divided the contracted Tendo Achillis, red uced the fracture, applied the splint, and obtained a good reunion.

I do not recommend this invention for Compound Fractures, except while the patient is being carried from the site of the accident to his home, the anterior position of the splint giving to it a firm grasp of the bones. In all compound fractures, whether slight or severe, there ought to be no obstacle to the free inspection of the limb, as the earlier the formation of an abscess is detected, and the earlier it is opened the more quickly will the cure go on. I employ a pretty deep trough extending beneath two-thirds of the leg, its prolongation for the remaining third being formed by a strong ribbon of tin plate of two or three inches in width, rivetted to both sides of the splint, and passing under the heel where a copper sole, the same as in simple fractures, is fastened to it. Instead of allowing the posterior part of the leg to lie on padding, I suspend the leg within the

splint on numerous bands of cloth attached to its edge, or having their ends tied together beneath its under surface; in this way accurate adaptation to the shape of the leg is obtained. Though this splint placed posteriorly grasps the muscles rather than the bones, displacement is resisted by the hold on the knee, the ankle, and the foot, and further security is given by swinging the leg from the ceiling, a plan to which the splint is well adapted. In a recent case of compound fracture of both legs both were thus swung, and the patient could also be lifted a few inches from the bed, for necessary purposes, by a sheet of canvas spread beneath him, to which cords connected with a small windlass were attached. The cure was very satisfactory.

When the fracture is near the knee it may be necessary to screw the top of the splint to another on the thigh, the connection being easily made through the medium of the projecting copper ribbons. In a case of compound dislocation of the knee, where one of the condyles projected through the wound without, however, injuring the popliteal artery, a good cure was obtained, the leg being held in the straight position. Here, as in the case of injury of the elbow, the depending position of the wound was of great importance. When cured the patient was able to walk about, undistinguishable from other people but by a perfectly stiff knee. Perhaps the reader will remember that Sir Astley Cooper says, compound dislocation of the knee in every instance demands immediate amputation. He himself had shown by successful cases that compound dislocation of the ankle does not necessarily require amputation, but Mr. Hey, and still further back Mr. Gooch had arrived at the same conclusion.

In fractures of the thigh the leg splint last described, and the breastplate used in fractures of the humerus and clavicle are required. Besides these there is a third splint in which the thigh lies as in a trough; it must extend beneath the tuberosity of the ischium, where it is flattened or slightly turned down not to hurt, on the outer side it is long enough to cover the trochanter, but on the inner it must be be scolloped out so as not to press upon the pubes; necessarily, therefore, there must be a splint for the right, and another for the left thigh. My experience is that the latter is more frequently fractured than the right, and that when children meet with injury the femur breaks far more frequently than the bones of the leg. The lower end of the thigh splint has on each side a strong copper ribbon which meets similar ribbons on the leg splint.

We shall now suppose a fracture of the thigh; the breastplate is to be securely bound to the body, I say securely, because without this the accurate retention of the broken bone in its place is endangered. It is to be placed as in fractures of the clavicle somewhat to the side of the injury. As the breastplate extends from near the crest of the ilium almost to the axilla the flexibility of the spine is taken away, and the trunk rendered rigid. The splints when screwed together form a triple inclined plane embracing the trunk of the body, the thigh and the leg. To obtain the greatest amount of mechanical power the different parts ought to be fastened at right angles to each other; but more obtuse angles will generally hold the limb steady. The breastplate being applied, the thigh splint is to be placed so that its upper and inner flattened portion catches on the tuber ischii. Two strong copper ribbons with a connecting arc at top having the same curve as the breastplate, unite it to the thigh splint, of which last they form a part; to gain mechanical power these do not arise from opposite points of the thigh splint, the outer about the middle, and the inner near the lower end; they are hinged by what is called a loose rivet, which, as soon as the angle at which the thigh is to be kept is decided, is to be converted into a fixture by the insertion of a screw bolt through one of the holes in the small arc made for this purpose in the thigh splint; the upper ends of these ribbons, or their connecting arc are fastened to the breastplate by at least three screw bolts placed where their power is greatest. Having applied the breastplate and thigh splint, it only remains to adjust the leg splint: placing the leg in it at or about a right angle, the necessary extension is to be made, and the copper ribbons of the thigh and leg splints, where they cross at the knee, fastened by a single screw bolt at each side, constituting in the first place a hinge. If the thigh is now found not to be exactly of its proper length, it can still, without unscrewing the bolts at the knee, be somewhat extended by bending the leg further; the body being held immoveable, by the breastplate now screwed to the thigh splint, the knee will be pulled forwards, while the limb is being

bent. The resistance tells pretty correctly when the thigh is of the proper length, but this ought to be ascertained by measurement before fastening the last screw bolts. For this purpose I have found nothing which admits of such accuracy as a ribbon of lead about half an inch broad, and sufficiently thick to give the necessary rigidity; it is a caliper compass of the simplest form, it sets aside all error from swelling of the limb, its upper end applied to the top of the trochanter, a scratch from the surgeon's nail opposite the sharp edge of the outer condyle will tell with precision whether both thighs are of the same length. A thin copper ribbon rivetted to the under and lower end of the thigh splint, to give support to the bone where the splint is wanting, is now to be moulded so as to accomplish this purpose, and attached to the upper end of the leg splint by a screw bolt. As the position of this bolt is never changed, it may be a fixture. Lastly, a strong copper brace rivetted to near the lower end of the thigh splint is to be brought across the angle formed by the thigh and leg, and bolted to the middle of the leg splint.* A roller is to be firmly bound around the leg in its splint, and another, though less important one, around the thigh. The binding of a roller judiciously applied is little felt on account of the rigidity and great extent of surface of the splints, and it will be observed in regard to all that, whenever necessary, a firm hold can be got on uninjured adjoining parts, leaving the bruised limb comparatively unbound, certainly not squeezed, thereby avoiding the chief cause of suffering, if not of danger.

The principle of the apparatus for a fractured thigh is very simple, it is that as the breast-plate cannot approximate the leg splint, neither can the thigh which lies between in its hollow splint get shortened, provided attention is paid to the rollers and screw bolts. Extension and counter extension kept up during the cure are not productive of uneasiness, on account of the large surface of the body and the leg which bear the pressure. A perineal band is not required, supposing; however, that from any circumstance a necessity arose of making the angles rather too obtuse, such a band bearing part of the pressure could be attached. The patient's bed will require to be so pillowed as to suit the angles of the splint. I have only to add that upward pressure on the foot, and displacement therefrom, is prevented by the intervention of the sole. Judging from my experience, and the structure of the apparatus, I am disposed to say that an ill united and shortened femur ought not to occur, the union ought to be so perfect as to make the site of the fracture nearly undistinguishable, and the patient, if a young person, ought to be able to be carried about, or to enjoy drives in a carriage without displacement. I have seen several instances, in consultation with other medical gentlemen, where, owing to the obliquity of the fracture, the thigh could not be kept in its proper position by the ordinary apparatus, yet from the day the above contrivances were applied till they were removed, the thigh bone did not shorten in the slightest, and did not require any readjustment.

In that terribly torturing malady, disease of the hip-joint, in many instances great and immediate relief to pain is given from putting on a light splint made on the same principles as that for fracture; slight extension too can be obtained by a hinge at the knee. Wearing this splint the patient is able to be much in the open air, and to walk about with crutches; when seated the weight of the splint is wholly borne by the chair. Experience leads me to recommend that the tinsmith fit the splint in the first instance to a young person of the same size, who, free from pain, will sit quietly while the different parts are being shaped and rivetted together. I have farther to say that if a patient has lain long in one position while suffering severe pain, a change of position to obtain better angles for the splint must not be attempted, as still more severe pain would be excited.

I have received the following letter from Dr. Campbell, Toronto, at the time of the accident practising in Niagara: "At your request I have looked over my old case book, and find the following particulars with reference to the use of your splints in a case of fracture of the neck of the femur. Mr. James McFarlane, aged 65, by a fall from his carriage near Niagara, on the 21st Jan., 1854, fractured his left femur within the capsule. Your apparatus was applied on the 7th February two weeks after the injury. From the very day of its application he became quite easy and comfort-

* Copper, as is well known to tinsmiths, is rendered more tough but less flexible by hammering; this will be kept in view in forming the various ribbons or braces. Ten screw-bolts are required for the inferior extremity, six for the upper, and four for the leg. The splints are japanned.

able, was able to be taken out daily in his carriage, and upon the final removal of the apparatus on the 19th May there was undoubtedly bony union of the fracture, a very unusual occurrence in fractures within the capsule, which this certainly was. Unfortunately it was difficult to judge of the completeness of the recovery as to lameness, as Mr. McFarlane was lame of the same leg from a previous accident, but he was able to walk quite as well, and as far, as before the fracture of the femur occurred. As to the diagnosis of the seat of the fracture I had my opinion corroborated by yourself, Dr. Wilson of Niagara, and Dr. Kingdom, Assistant Surgeon Royal Canadian Rifles*" In this case the fracture being within the capsule, measurement by a ribbon of lead was inapplicable, and the bent position of the thigh made ordinary measuring appliances useless; nevertheless it was essential, when adjusting the splints, to know whether the fractured surfaces were in exact apposition. The difficulty had often occurred to me in cases of diseased hip-joint, where it was desirable to know whether the distortion was caused by dislocation or muscular contraction, and I was accustomed to solve it by an apparatus constructed on the following principles. Adopting the shoemaker's rule as a pattern one upright was applied to the middle of the sacrum, the other to the middle of the pubes, and the rule continued out between the knees; a straight line crossing this at a right angle touched both knees when the fractured thigh was sufficiently elongated.

Mr. Amesbury, in his very valuable writings on fractures (London, 1828,) strongly inculcates the necessity, in fractures of the neck of the thigh-bone of a triple inclined plane, for obtaining and preserving the proper apposition of the broken bone. His apparatus consists of a bedstead and mattress; the head and back rest upon the upper part; the thighs bent to a right angle or thereabout to the body are supported by a corresponding part, which is capable of being elongated to the proper length, and the legs rest on the third plane. It is impossible to read his book without being convinced that he was successful in curing fractures of the neck of the thigh bone. Objections drawn from cases which have been treated with inferior splints, and have failed, are valueless when opposed to successful cases treated with greatly superior apparatus. It may be owing to its bulk and expense that Mr. Amesbury's fracture bed has scarcely got into use, and is seldom noticed by surgical writers. My own splints are free from objections on these grounds, but the greater merit of retaining the fractured thigh bone at all times of its proper length is owing to the adoption of the triple inclined plane instead of the double, the necessity for which was first pointed out by Mr. Amesbury.

*To suit this patient's corpulence a breastplate was made having its lower edge an arc of a greater circle than its upper.

NÉLATON'S METHOD OF RESUSCITATION FROM CHLOROFORM NARCOSIS.—SUCCESSFUL CASE.

BY W. WADE, M.D., M.R.C.S. ENG.; L.R.C.P. EDIN.; COBOURG, ONT.

As this subject, resuscitation from chloroform narcosis, is now attracting the special attention of the profession, I believe it to be the duty of every medical man to report any case of success or failure of Nélaton's method which may fall under his observation. I have therefore thought it proper to communicate the following case to your journal, and, through its widely-read pages, hope it may be of service to some one who may happen to be placed in like unpleasant circumstances.

A few weeks ago, I was summoned to meet Drs. Rose and McBrien, in the case of a rather delicate looking youth, about 15 years of age, suffering from necrosis of the central portion of the right tibia. After inspecting the case, we decided to operate. The chloroform (Duncan & Flockhart's) was administered with every care, by Dr. Rose, who was careful to see that there was no external impediment to respiration. It was taken without difficulty, with scarcely any struggling or excitement; in fact, I never saw a patient take chloroform more quietly. When Dr. Rose found him ready, the operation was commenced by Dr. McBrien. At this time the patient was breathing comfortably, regularly, and without stertor; lips of a good color; in fact, everything connected with him seemed as it should be. In a few minutes, as the anæsthesia seemed perfect for the time, Dr. Rose stepped down to witness the operation, and assist if necessary.

Before the bone was thoroughly exposed, a

medium sized artery was severed, which bled very freely. I was about to seize it with the forceps, when, to my astonishment, the hæmorrhage ceased, and as it was too large a vessel to cease bleeding so suddenly by natural hæmostatics, I looked for some other cause of arrest. To my dismay, the patient was apparently dead, without struggle or warning. No pulse, no respiration, no heart-sound; lips as pale as death could make them; all muscular irritability gone; in short, not a single sign of life remained. I exclaimed, "Suspend the operation. He's dead!" I immedlately drew the tongue well forward, dashed cold water on the face and chest and over the region of the diaphragm, and commenced artificial respiration by Sylvester's method, which was continued for some time with out avail. I then directed my assistant, Mr. Riddell, to mount the table, and elevate the patient by the feet. While he was being held in this position, Dr. Rose and myself kept up the artificial respiration. We continued in this way (it seemed an age), determined not to fail from a lack of perseverance, for some fifteen or twenty minutes it must have been—a period of suspense and anxiety such as I trust I shall never experience again. Long after all hope had vanished, a slight flush was observed upon the face, soon followed by a feeble gasp. With renewed hopes and redoubled energies, we persevered in our efforts, which were finally rewarded by the re-establishment of normal respiration. The patient was then replaced upon the table, and the operation skilfully and successfully completed by Dr. McBrien, without further administration of chloroform, as the anæsthesia remained perfect for a sufficient length of time.

In this case the chloroform was of the best quality, and there was no appreciable contra-indication to its use. It was carefully administered. The breathing and heart's action were natural when Dr. Rose left the patient's head. Whether the heart's action or respiration failed first, I cannot say.

The question naturally arises, whether success was due to the prolonged artificial respiration, or to the inversion of the patient. This, however, is of no practical importance, as both measures may, in every case, be adopted at the same time.

Artificial respiration, on the table, for the time it was persisted in, was of no use; while we were all forcibly struck by the slight flush manifesting itself, before the first gasp, on a face hitherto exhibiting only the pallor of death. We could not but be favorably impressed with the harmony which exists between Nélaton's theory as to the cause of death—anæmia of the brain—and the method of treatment he advises in the resuscitation of such cases. If his theory is correct, we can easily see the propriety of his treatment. All are aware of the fearful mortality of the dentist's chair, and the exemption of the parturient female. This may be explained partly by Nélaton's theory, and partly, perhaps, by the fact, that in dentistry the anæsthesia is carried to its full extent, to obviate the difficulty occasioned by the clenching of the teeth during the stage of excitement; while in obstetrical practice, full anæsthesia, except in case of operation, is seldom required. The difference is certainly not due to lack of skill in dental operations, for physicians, experienced in the use of chloroform, are generally employed for its administration.

If this difference in position regulates the danger, surely the parturient patient should be generally, instead of only occasionally, benefitted by the greatest boon that our Creator, in all his goodness and mercy, has vouchsafed her.

FRACTURE OF THE SKULL AND CONCUSSION OF THE BRAIN.—RECOVERY.

UNDER THE CARE OF DR. CASSIDY, TORONTO, PHYSICIAN TO THE HOUSE OF PROVIDENCE.

(Reported by T. Hobley, Esq., Medical Student.)

About 7 A.M. of Dec. 7th, 1874, H. S. while playing at the top of the winding stairs in the new wing of the House of Providence, fell over the baluster and down to the lower floor, *a distance of 52 feet*. Dr. Cassidy was immediately sent for, and on his arrival he found the patient suffering from symptoms of concussion; the outer table of the left parietal bone fractured and depressed, the depressed portion being circular, and about three quarters of an inch in diameter; the left humerus fractured at its lower third, and the left leg, left side of the body and face bruised and scratched. He straightened the arm and applied the ordinary fracture splints.

10 A.M.—Ordered the head to be shaved and ice to be applied. Patient restless, pulse 85; skin

warm. There was a large amount of effusion beneath the scalp, extending from the superciliary arches to the parietal eminences, and extravasation of blood around both eyes. Prescribed one minim of tinct. aconite every three hours.

4 P.M.—Pulse 117. Very restless, bowels constipated, urine freely voided, no sign of consciousness.

Dec. 8th, 10 A.M.—Pulse 84, and strong; patient restless. 4 P.M. Pulse 95: no perceptible change.

Dec. 9th, 10 A.M.—Pulse 104. Considerable fever and great restlessness; patient sat up in bed, but apparently not fully aware of what she was doing; bowels constipated. Ordered one minim of ol. crotonis, which caused a couple of evacuations of the bowels. 4 P.M., pulse 117; still feverish and restless.

Dec. 10th, 10 A.M.—Pulse 120; feverish, restless and easily disturbed. Patient sat up in bed and opened her right eye. 4 P.M., pulse 117. No change.

Dec. 11th, 10 A.M.—Pulse 114; fever abating, very restless, eat some corn starch, milk and beef-tea, with a cracker broken in it. 4. P.M. Pulse 120. Patient sat up in a chair; consciousness seems to be slowly returning. She eat some corn starch, and drank a little milk and beef tea. Still very restless; turns her head when called, and partly opens the right eye.

Dec. 12th, 10 A.M.—Pulse 120. Patient very weak; both eyes slightly open, seems to notice objects passing before her. Appetite good. Applied starch bandage to the arm. Ordered ʒj. rye whiskey every two hours, and aconite to be given at long intervals. The right side of the thorax being considerably bulged outwards; ordered a bandage to be applied, and the patient to be kept on the back or opposite side as much as possible. 4 P.M. Pulse 120; patient gaining strength; has slept comfortably; consciousness returning.

Dec. 13th, 10 A.M.—Pulse 120 and feeble. Patient knows what is said to her, but makes no attempt to speak. Bowels relaxed. Ordered aconite to be discontinued, and ℥ss. rye whiskey every six hours.

Dec. 14th, 4 P.M.—Pulse 88. Patient got out of bed and sat on the stool. Appetite good, and she is less restless.

Dec. 15th, 4 P.M.—Pulse 88. Patient almost entirely conscious; she has not spoken yet, but occasionally tries to cry.

Dec. 16th. 11 A.M.—Pulse 84. No other change.

Dec. 19th.—Pulse 100, but strong. Patient sits up in bed, and is able to read the letters of the alphabet, but is unable to form an answer to questions asked her. Appetite good, bowels regular, extravasation rapidly disappearing. Expression is idiotic.

Dec. 22nd.—Pulse 130. Appetite good. Patient endeavours to speak when spoken to.

Dec. 26th.—Patient is able to ask for food, and seems to be rapidly gaining strength.

Dec. 28th.—Pulse 120. Idiotic appearance gradually disappearing; patient recognizes certain familiar faces. General health is improving rapidly.

Dec. 30th.—No change. Ordered quinine and iron.

Jan. 3rd, 1875.—Patient rapidly gaining strength; walks around the room, and seems to be able to think, and look for whatever she thinks of. She will do whatever she is told, but not in a perfectly rational manner.

Jan. 19th.—Patient apparently perfectly conscious, and able to go around without any assistance.

CASE OF ANEURISM.

TREATED SUCCESSFULLY BY DIGITAL PRESSURE.

By Wm. Oldright, M.A., M.D., Curator of Museum and Lecturer on Sanitary Science, Toronto School of Medicine.

On the 27th November last I was asked to visit Mr. W. F. of this city, who was represented as "suffering great pain from an abscess or ulcer in his leg." I found on the inner aspect of the right thigh, about the junction of the middle and lower thirds, a large flattened pulsating tumor, about seven inches in its longest diameter, (in the course of the vessel), and six in its antero-posterior diameter, appearing to extend both anteriorly and posteriorly to the femoral artery. The tumor was extremely painful, the least jar or pressure greatly aggravating the pain. The change in size during temporary compression of the femoral was small, owing I suppose to the flattened shape (lateral extension) and to the nature of the sac, which I supposed to be that of a diffuse aneurism. The pulsations on the dorsum of right foot and in the

right ankle were weaker than those of the opposite side. On a later and more leisurely examination I found also that the heart was enlarged.

I decided to tie the femoral, if necessary; but thought I would first try digital pressure. This was the course advised also by Dr. Aikins, who saw the patient in consultation the next day.

The following gentlemen volunteered their services:—Messrs. Grant, Burton, Tyrrell, Wilkinson, Carthew, Pomeroy, Bentley, Wilson, Leslie, and Park, students of the Toronto School of Medicine, and Messrs. Sparks and Smart, friends of the patient.

The gentlemen were told off in pairs, each pair remaining on duty four hours. The two on duty relieved each other every ten to twenty minutes as found necessary by themselves, the one maintaining pressure, the other keeping his hand on the tumor so as to detect any inadvertent relaxation.

Having secured free evacuations from the bowels before commencing, I afterwards administered occasional doses of opium to control their action and relieve pain during the time occupied by the pressure. This was commenced on the 2nd December at 9 p.m., and was continued until the afternoon of the 4th.

I was unavoidably as late as 1.45 p.m. in making my first visit on the 4th, and I then found on relaxing pressure that pulsation in the tumor had completely stopped. I regret that I am thus unable to state the exact time at which that result obtained, but from what I could gather think it must have been in about thirty-eight hours from the commencement. I then directed light pressure to be kept up for about two hours longer, so as to lessen the force of the pulsations in the artery without completely cutting them off. This was done to avoid any danger of disturbing the clot by the sudden turning on of the pulsating current. This precaution may have been unnecessary, but I thought it better "to make assurance doubly sure."

During the application of the pressure the tumor was very hot, and rather more tender than before. This condition of things disappeared in a day or two.

The clotted vessel could be felt for a couple of inches or so above the tumor, and vertically across the upper part of it. The edges also appeared hardened. On each side of the clotted vessel fluctuating lobes could be felt from which one would be inclined to argue that the vessel had originally given way posteriorly, and that the tumor had worked its way laterally behind the artery to each side of it, partially surrounding it.

At the present time (Jan. 21, 1875) the fluctuation posterior to the artery has disappeared, the anterior portion still fluctuates, but is growing smaller.

The patient is now walking about, going a mile at a stretch. All pain is gone.

In applying pressure, I adopted the following precautions amongst others: to vary slightly the point of pressure so as to relieve the skin as much as possible; to use violet powder when the skin appeared a little chafed; to be careful about the nails of the operators; to direct them not to make pressure more heavy than necessary to control pulsations. There was no abrasion or sloughing of the skin. I did not allow any intermission (contrary to the directions of Mr. Holmes on this subject); the patient dozing off for short intervals, notwithstanding the continuance of pressure. I had given instructions to the senior students to administer ether, if necessary.

Since the circulation through the tumor has been stopped there has been a feeling of coldness in the foot. This was more noticeable during the compression than since.

CASE OF ACUTE POISONING BY PHOSPHORUS.

BY E. G. KITTSON, M.D., HAMILTON, ONT.

An inquest was held in Hamilton before Dr. MacIntosh, Coroner, on the body of a man who had been found dead on Sunday morning, Sept. 20th, 1874, in the eastern end of the city. The post mortem examination was made by Drs. George Mackelcan and E. G. Kittson, with the following results:

The body was that of a well-developed and apparently well-nourished man, aged about sixty years. No external marks of violence were observable. On opening the abdomen to remove the stomach we noticed several adhesions existing between the peritoneum and the abdominal parietes, especially in the median line. The gas-

tric omentum was very adherent and congested. The external surface of the stomach was congested, and this condition of congestion was especially observable behind. Having tied the cardiac and pyloric ends of the stomach we proceeded to remove it, which was done with difficulty owing to the strong adhesions existing. On opening the stomach a strong smell of phosphorus was noticed. The organ contained about 1½ ounces of a dark greenish fluid having the consistence of mucilage, carefully pouring off this liquid several small solid particles were noticed as a kind of sediment. These were carefully gathered together, and taken into a dark room when, on rubbing them with a knife on our hands, we noticed very plainly that they were quite luminous and gave off a flickering sort of light with light flumes and a distinctly phosphorus smell. The mucous membrane lining the stomach was now examined, and was found to be inflamed and especially so on the posterior surface of the greater curvature where the fluid has gravitated from the man lying on his back, and where, of course, most of its strength was spent. However, the entire mucous lining was inflamed. Numerous small ulcers oval in shape were noticed studding the mucous lining. Most of the ulcers were so placed as to have their long diameter parallel with that of the stomach. No perforations were noticed though carefully looked for. The pyloric end of the stomach was much thickened though not indurated. The duodenum was also inflamed and its outer surface presented the same appearance as that of the stomach. The *liver* was enlarged and very much softened; the capsule quite adherent and when torn off the substance of the liver came away with it. The spleen was normal. The right kidney was normal in size and had a very healthy appearance; there was a small portion of the cortex which had undergone fatty degeneration. The left kidney was healthy but on one surface had a peculiar outgrowth resembling a vascular sarcoma about the size of a walnut and partly encysted, also a few patches of fatty degeneration were noticed. The other organs were not examined.

REMARKS.—The above notes give shortly the morbid appearances in a case of poisoning by any corrosive poison and the presence of particles of phosphorus in the stomach left us in no doubt as to the *cause* of death. The length of time which elapsed between his taking the first dose and his death is unfortunately not accurately known, nor could we determine the quantity of the substance he took. The form in which he took it was as "Parsons & Co's. Bug and Vermin Exterminator," which owes its activity to phosphorus. More than eleven hours could not have elapsed between his taking the first dose and his death, as he was seen quite well on the previous evening (Saturday) about six o'clock, and he was heard moaning about seven the same evening. He was found dead the next morning between five and six a.m. The quantity of phosphorus required to destroy life is very small. One case is reported where one and a half grains destroyed life in twelve days, and another where two grains destroyed life in eight days. This man had once before attempted to destroy his life by taking two doses of Paris Green, but was prevented then by prompt medical interference. At that time he said he wanted to kill himself. He never showed any signs of insanity except on this point. He was addicted to the use of whiskey to a great extent at times. It is very remarkable that fatty degeneration of the organs generally, as the heart, liver, and kidneys, is found as a result of phosphorus poisoning, even when the case ends fatally in a few hours.

Correspondence.

The following communication was received too late for the January issue:

To the Editor of the CANADA LANCET.

SIR,—I beg to enclose the within advertisement, which appeared for some weeks in one of our local papers, more to call the attention of the Medical Council and the profession, to the necessity and duty of protecting the public, as well as themselves, from peripatetic quacks of (Dr.) Arnold's kidney:

DR. J. H. ARNOLD,

LATELY FROM BERLIN, PRUSSIA, AND SURGEON IN THE PRUSSIAN ARMY,

GIVES special attention to all Diseases of the Feet, Hip-joint Diseases, Inflammatory Rheumatism and White Swelling, without taking internal medicines. * * * *

Cancers and Eye Diseases, and Fistula in Ano cured without the use of the knife. * * * * Cures are permanent.

Dr. Arnold will only be able to remain in Canada until October, 1874, when his leave of absence expires, and he will return to Prussia. Consultations in English, German, French and Spanish.

Dr. Arnold will not visit the town of Simcoe, professionally, any more, but he can be consulted at any time, either by letter or professionally, at Galt. Consultations free.

The last paragraph of the advertisement requires explanation. Arnold was repeating his monthly visits to Simcoe, when Dr. Covernton (our late efficient representative in the Medical Council) and myself decided that the profession in Simcoe should be consulted as to the propriety of initiating proceedings, in accordance with the Act of 1874, which was agreed upon unanimously, including the Homœopathic practitioner, Dr. McDonald. Dr. Covernton entered the complaint. Dr. Arnold was found guilty of violation of the Act 37th Vic., Cap. 30, and Section 40 of the said Act.

The profession, and especially Dr. Covernton, incurred much popular odium for their manly defence of the law; but—not a word of support from the Medical Council, whose duty it was to see the provisions of the law carried out. The case was appealed (unsuccessfully), but not a word from the Council during the months the appeal was pending.

This brings me to the point at issue, *i. e.*, we must have a public prosecutor. Let the Registrar of the Council be appointed, he is the best man, whoever he may be; Dr. Pyne cannot well be improved upon. Make it his duty, and then our friends will know where to send their complaints, and for whom to gather evidence. We shall then obtain something tangible for our yearly fees. It is a great pity that this was not included in the Bill, when before the House. But a by-law of the Council will be equally efficacious.

I am now a practitioner of twenty-sever years' standing, and I may therefore, perhaps, be permitted to give one word of advice to my brethren, and it is this: While we should ever cultivate an *esprit de corps*, we ought also, at all times, to identify ourselves, in sympathy and in feeling, with the people themselves. Our lives and habits should be such as to endear us to the public—not by sneaking servility—but by honorable lives, free from offensive habit as well as vice; and our influence, that of refined Christian gentlemen, —cheerful, free and frank,—secret alone as regards secrets entrusted to our keeping. Acting thus, we need fear no enemies; as it is now, our worst foes are those of our own household.

Yours, &c.,

JOHN CLARKE.

Legislative Assembly. Dec. 9th, 1874

Selected Articles.

CROTON-CHLORAL HYDRATE IN MEGRIM.*

BY SYDNEY RINGER, M.D.,

Prof. of Materia Medica in University College, London.

It is hardly necessary to observe that under the term megrim I include those affections commonly called sick headache, bilious headache, nervous sick headache, and hemicrania. The most characteristic and commonest symptoms of megrim are headache and sickness; but, in a typical case, these symptoms are preceded by other significant and interesting phenomena. At the onset of an attack, a peculiar affection of the sight first occurs, soon to be followed by perversion of the sense of touch and of the muscular sense in the arms and legs; by disordered speech and defective ideation; the headache then comes on, and, as it becomes intensified, nausea gradually sets in.

The affection of the sight may consist of mere absence of vision, beginning at the centre or circumference of the field of sight. When at the circumference, the defect is generally situate to the right or left of the axis of vision. From the centre of the visual field, the blind spot gradually expands, and as it enlarges it gradually clears up in the centre, and so gradually disappears to the circumference. As the blind spot expands, its margin is often lighted up with spectra variously described as glimmering, dazzling, bright zig-zag lines, coruscations, etc.

In ten minutes to half an hour, on one or both sides of the body, numbness and loss of sensibility occur, followed by tingling, formication, "pins and needles," felt most distinctly in the hands, tongue, and lips. Speech is commonly disordered, the aberration in some cases being simply memorial, in others motorial; in others, again, these two derangements of speech are more or less combined. In other words, one patient forgets his words, another forgets how to utter them, whilst a third manifests a combination of these two defects. There is, too, loss of memory, confusion of ideas, and a bewildering feeling, as if the patient were going out of his mind. In half an hour or a little longer, these phenomena are followed by headache, which is generally felt on waking in the morning; it is at first slight, but intensifies till it may become most severe, indeed, almost unbearable. It affects one or both brows, and beginning at one spot, gradually extends, till it may involve the greater part of the head. The throbbing, stabbing, cutting, boring pain is increased by movement, noise, light, smells,

* Read before the Medical Section at the Annual Meeting of the British Medical Association in Norwich, August 1874.

or food. When the area of pain is limited, the complaint is termed *clavus*. As the pain subsides, or even during the whole attack, the patient may suffer dull or shooting pains in the eye of the affected side. There is much tenderness of the scalp during and after an attack.

Throughout the attack, the patient complains of nausea, which may be slight, but usually increases, and, when the pain is at its worst, ends in vomiting, which may be severe and prolonged, causing much prostration; yet occasionally vomiting affords relief

Lasting a few hours, the whole day, or even two or three days, the attack generally ends in calm refreshing sleep, but sometimes it gradually subsides or ends abruptly in vomiting, perspiration, or, more rarely, a copious flow of tears. The attack may be preceded and followed by very obstinate constipation or by diarrhœa, the liquid motions being in some instances pale, in others of a deep brown, mahogany colour. Before and after the attack, there is often much dusky discoloration around the eyes.

It is now almost universally held that megrim is an affection of some part of the nervous centre. Dr. Liveing, to whose exhaustive work I am considerably indebted, considers that, in a typical case, the disturbance takes place first in the optic thalamus, and passes backwards and downwards, reaching to the nucleus of the vagus below; for, as he observes, in a typical seizure, the visual disorder is always the initial symptom, the headache the middle, and the vomiting last. Where morbid intellectual phenomena and disorder of speech occur, the affection radiates from the thalamus to the hemispheric ganglia, and, where emotional phenomena occur, to the mesocephale.

Though the affection is seated in the nervous centres, yet it must be recollected that the frequency and severity of the attacks both depend on peripheral causes, due to the stomach, intestines, liver, womb, etc. Even when the affection is strongly developed and the periodic attack recurs apparently spontaneously, the seizures may be rendered more frequent and severe by remote exciting causes; nay, in many cases, the affection may remain so slight, that it lies dormant till roused into activity by some near or distant irritation, on removing which the seizures altogether cease.

The successful treatment of megrim depends less on change to be effected in the disordered nervous centres than on the removal of the existing cause. The treatment of megrim, therefore, falls under three heads:

1. The treatment of the central nervous affection:
2. The removal or prevention of exciting causes:
3. The treatment of the paroxysm.

Many remedies act in a twofold or even threefold way. Thus bromide of potassium is often extremely serviceable in two ways. It is very useful in those cases where the seizure is due to uterine disturbance, as in menorrhagia and dysmenorrhœa. Sometimes the attacks are more severe and frequent, arising from the exhausted state of the nervous system. Perhaps, from overlong town residence, or from mental troubles, the patient becames irritable, depressed, nervous, excitable, with broken sleep, harassed by dreams. The ensuing general depression increases the headache. Now, bromide of potassium soothes the patient, and, by promoting refreshing sleep, strengthens the nervous system, and thus lessens the frequency and severity of the headaches. Bromide of potassium, moreover, is serviceable in the paroxysm itself, for it may produce several hours' sleep, from which the patient awakes free from headache.

The pain of megrim is situated in the fifth nerve; and, remembering how closely megrim is allied to neuralgia, and how useful hydrate of croton-chloral is in facial neuralgia, I have been induced to try this remedy for the seizures of megrim, and have found it useful in cases of which the following may be taken as a type.

A woman has been subject for years to nervous sick headache; then, owing to some great trouble, or, to excitement, fatigue, or flooding, or prolonged suckling, or most frequently at the change of life, the headache becomes much more severe. The headache is continuous for weeks, perhaps months, but is intensified greatly by fatigue, excitement, or at the catamenial period. If not actually continuous, the headache comes on daily, lasting, perhaps, for many hours, or several attacks may each day occur. The pain is often intense, and whereas, previously to the worst form of headache, the pain was probably limited to one bone, it now affects both, and perhaps the greater part of the head. The skin is generally very tender. There is also a sensation of bewilderment. or, as some term it, a stupid headache, and the patient often says she feels as if she should "go out of her mind." The sight may be dim, especially during the exacerbations of pain. Some patients of this class are very excitable and irritable, and are upset with the slightest noise. Nausea and even severe vomiting may occur with each exacerbation of the pain. Five grains of croton-chloral every three hours, or even oftener, will give in most cases considerable relief. I need hardly say, that the drug does not entirely free the patient from her attacks; but, in one or two days, the pain ceases to be continuous, then the attacks recur, but only once or twice a week, the interval gradually extending till an onset occurs only every week, then about every fortnight, or even longer, till the illness assumes its old type and periodicity. In some cases, a week's treatment suffices to bring back the headache to its original type of an attack once in three or four weeks. Then the croton-chloral appears to be far less serviceable, manifesting but slight effect on the peri-

odical attacks. In many cases of ordinary periodical headache, the patients say that, in the milder forms, the drug distinctly lessens the severity and duration, but in the severer forms it is without effect, even when sickness is absent. In those cases accompanied by severe vomiting and retching, croton-chloral is useless, being speedily rejected.

Croton-chloral, I have found, will relieve the slight attacks experienced by some delicate and nervous women after any slight fatigue or excitement.

In the continuous sick headache just described, as the pain grows better so the cutaneous tenderness disappears. It seems to me that, in many instances, two kinds of headache coexist, one sometimes predominating, sometimes the other. One appears due to affection of the cutaneous nerves, and is generally accompanied by tenderness. Patients describe the other as a "stupid headache," "a feeling of bewilderment," "a bewildering headache." After the dispersion of the first form by croton-chloral, this stupid headache often continues, but may ordinarily be relieved by bromide of potassium. Indeed, in many cases, I have found it useful to combine these remedies.—*British Medical Journal.*

IMPRESSIONS OF AMERICAN SURGERY.

BY JOHN ERIC ERICHSEN, F.R.C.S., LONDON.

[We give below some extracts from an address by Prof. Erichsen of London, on his return from a visit to the United States during the past summer]—Ed.

* * * Surgery in the United States certainly stands at a very high level of excellence. The hospital surgeons throughout the country have struck me as being alike practical, progressive, and learned in a very high degree. In practical skill, and aptitude for mechanical appliances of all kinds, they are certainly excelled by no class of practi tioners in any country. They are thoroughly up to modern surgery in its most progressive forms, and I have never met with any class of men who are so well read and so perfectly acquainted with all that is done in their profession outside their own country. It would be a great injustice to American surgeons for it to be supposed that surgical skill is confined to the large cities or to the few On the contrary, I know no country in which, so far as it is possible to judge from contemporary medical literature, there is so widely diffused a high standard of operative skill as in the country districts and more remote provinces of the United States. The bent of the mind of the American surgeon is, like ours, practical rather than scientific; in fact, there are the same mental characteristics displayed in him that we find here—the same self-reliance, the same practical apitude, the same *curative* instinct, which leads him to consider his patient rather as a human being to be rescued from the effects of disease or injury than as a scientific object to be studied for the advance of professional knowledge. How, indeed, can it be otherwise than that there should be such a resemblance? It is true that in travelling through America one is struck by the fact that there is a singular combination of the new and the old—of the strange and the familiar. That there are differences of a remarkable character between the New and the Old World there can be no doubt. I use the word "different" rather than "foreign" because I feel it impossible to apply the word "foreign" to anything American. There are differences in climate, differences in the physical configuration of the country. The verdure that clothes its hills and the vegetation that fertilises its plains are different from those that we meet with here; but man, in all his characteristics, is exactly the same. There appears to me, indeed, to be as great, if not a greater difference between the mental characteristics of an Englishman and some of the other inhabitants of Great Britain than there is between an ordinary Englishman and an American of the Atlantic cities. It may be truly said, though perhaps in a sense slightly different from that in which the poet used the words, that

"Cœlum non animum mutant qui trans mare currunt."

Those who have crossed the great ocean have changed their clime, but not their characters.

The similarity that exists between American and British surgery, and which has struck me very forcibly, arises not only from the great resemblance that exists between the American and the English character, but from two other causes which have largely contributed to this end. The Art of Surgery is in a great measure traditional. The method of doing things in surgery is transmitted directly from the master to the pupil. The American surgeon of a past generation acquired in this way the traditionary art of British surgery, and has transmitted it directly to his descendants. Surgeons of both nations drew their inspiration from the same source and drank at the same fountain of knowledge. The names of Cooper and the Bells, of Liston and of Brodie, are as familiar to the ears of American surgeons as they are to those of this country. I was much struck when visiting the oldest hospital in the United States—the Pennsylvania General Hospital at Philadelphia—by seeing over the entrance to the operating theatre the portrait of a face that I had often seen delineated in this country. At first I thought it must be that of one of the American surgical worthies of a past generation—of Physick or of Mott, of Warren or of Mutter; but on closer inspection I found that they were the well-known features of him who was

in his generation *facile princeps* of British surgery—Sir Astley Cooper. Not only have British traditions thus penetrated deeply into the surgery of the United States, but the modern American surgeon derives his information from the same sources as does his British contemporary. THE LANCET is reprinted, and is as widely circulated in the States as in this country; and I find in my own case that my pupils in America are probably more numerous than those in Great Britain. One of the great advantages—and it is a very great one—that an English writer enjoys is that he addresses eighty millions of people, and that his works are not only disseminated throughout his own country, but, if of any value or importance, are eagerly sought after by that still larger body of readers existing in the "Greater Britain" which now encircles the globe. And if it be true, as has been said, that the judgment of enlightened foreign contemporaries is an anticipation of that which posterity will give, he may possibly have a foreshadowing of the verdict that a future generation of his own countrymen will pass upon him, in the estimate in which he is now held amongst those who inhabit the regions beyond the Atlantic.

Surgical practice in America does not differ in any very essential respect from that adopted here. There are necessarily some modifications, and many ingenious appliances; but essentially there is no greater difference between American and English surgery generally than is to be found between the practice adopted in any two London hospitals.

The treatment of wounds is sufficiently simple, and presents nothing peculiar. I observe that American surgeons are careful about the drainage of wounds, and employ drainage tubes or similar appliances freely.

"Antiseptics" do not appear to be much, if at all, employed; at least, in a methodical form. Carbolic acid in the form of lotion or wash is commonly used. Indeed, antiseptics are not so much needed in the American hospitals as in ours. The object of antiseptics is to prevent the contamination of a wound by septic impurities from without. These sources of contamination do not exist in such hospitals as those that I have been describing to the same extent that they do in less perfectly constructed and less hygienically conducted establishments, and hence antiseptics are proportionately less needed. In America it is attempted to accomplish by improved construction of hospitals, and by close attention to hygienic requirements, those great results which we are here driven to attain by "antiseptic" methods of treatment. In consequence of the ignorance in all matters that relate to the hygiene of hospitals that prevails amongst the architects and managers of these institutions, an undue burden of anxiety, responsibility, and care is thrown upon the surgeon, who is now unceasingly engaged in combating septic disease; and in order to keep down that rate of mortality which is the direct consequence of septic hospital influences he is driven to the employment of elaborate and complicated methods of antiseptic treatment. Cleanliness in its broadest sense is the best and most efficient antiseptic. If the constructors and conductors of hospitals were acquainted with or would adopt those hygienic rules on which hospitals should be built and managed, if hospitals were not overcrowded, if the system of ventilation was perfect, if there was a continuous water-supply, a proper isolation of wards and distribution of patients, the causes of septic diseases would not be generated. Those foul and filth-begotten diseases, pyæmia and hospital gangrene, would disappear, and antiseptics, in the absence of septic influences, would become unnecessary. Contamination of hospital air would be prevented; we should not, as now under defective hygienic arrangements, first allow the pollution to take place, and then be driven to the use of antiseptics in order to prevent infection of wounds by the already septic-laden atmosphere. Under the present system we begin at the wrong end. Instead of preventing the possibility of atmospheric contamination by perfect hospital higiene, we allow the septic poison to be engendered, and then, before it can be implanted on the wound, seek to destroy it by the employment of chemical agents.—*The Lancet.*

ACTION OF DIGITALIS.

When digitalis is administered to man, the first thing we observe is a diminution in the number of heart-beats and an alteration of the character of the pulse, which becomes full, and hard, and strong. You can recognize by the feel of the blood-wave that both the force of the contraction of the heart and the amount of blood thrown out during the systole are increased. If the drug is given in poisonous doses the pulse may, it is true, become rapid, and smaller than normal. The meaning of this can be explained by referring again to the animal. We find that here the same phenomena are observed, and that if a very large dose is given the heart may be suddenly arrested in systole from irritation of the cardiac muscle; before this happens, for a time, the tendency to contract is so great that the systole will occur before the complete filling up of the cavities. Two short imperfect waves are thus produced instead of one long one: this is the double beat,—forming a dicrotic pulse. In man the "dicrotic pulse" of digitalis is classical, and its mechanism is evidently the same as that of the double arterial wave in the lower animals: instead of a long pause and a full dilatation, the first attempt at diastole is interrupted by an abortive systolic contraction. As in animals, pro-

bably in these cases also, the apex of the heart scarcely relaxes at all. Again, a person under the influence of digitalis may have a heart beating 50 or 60 per minute when in the recumbent posture, but on sitting up the pulse may suddenly become weak and mount to 100 or 120. The action of digitalis has been carried into such a case to the point at which an excess will throw stimulation into overstimulation and imperfect contraction. The act of rising brings an extra strain on the heart, and the muscle loses its power of regular action.

Digitalis, then, in man, by its action on the inhibitory apparatus, prolongs the period of diastole, thus giving time for the ventricles to fill up with more blood than usual, and also increases the muscular power of the heart, so that when it contracts, a greater volume of blood is thrown with a greater force in the arterial system. Before we begin to apply these principles, remember also that the vascular system under the control of the vaso-motor nerves is probably kept in a state of contraction by the influence of digitalis.

Almost nothing but common sense is needed now to apply these facts to the treatment of heart-diseases. If what has been said is true, digitalis ought to be useful when there is a deficiency of heart-power. Remember that it is not a rag that will stop up a leak; and do not fall into the common error of expecting the drug to perform impossibilities. It cannot tighten a leaking valve. It cannot open and smooth down a contracted orifice. In other words, in valvular lesions it can only indirectly remedy the defects; and, although often you will get the most surprising results from its use, yet in every case of valvular lesion there comes, sooner or later, a stage when digitalis is powerless. It is when the valves are healthy, and the cardiac failure is due simply to weakness of the muscular walls, that digitalis exerts its most wonderful powers. Nothing is more marvellous in clinical medicine than the relief you can sometimes rapidly afford in cases of simple dilatation of the heart.—*Med. Times.*

SIR JAMES PAGET ON BLOOD-LETTING AND MERCURY.

At the meeting of the British Medical Association, Sir James Paget, as President of the section on surgery, delivered an able address. He observed that in the present day we over-valued the blood and estimated too cautiously the loss of it. There were few persons in the room who might not be bled to fainting, and to-morrow be almost unconscious of it; perhaps in this week of hospitalities they might even be the better for it. (A laugh.) Referring to the use of mercury, Sir James observed that in his youth mercury was largely administered. It propably did good in a large number of the cases of which the real nature was not at that time discerned, and in a large proportion of the chronic diseases of internal organs which we now assigned to syphilis. Years ago there was no suspicion that syphilis affected any but the external parts. We knew now a multitude of syphilitic affections of the liver, of the lungs, of the spleen, and many more still of the nervous system, which formerly were vaguely put down to chronic inflammation of unknown origin, or to tumors, thickenings, or productions of substances which needed to be absorbed. At the present time we were rather apt to think that pathology should be the guide of therapeutics, while there was a large number of cases in which therapeutics should rather be the guide of pathology. The fact that a medicine cured a given disease was as much a fact and quite as significant a one as the employment of a chemical test for discerning the nature of a solution. It could be repeated from time to time, and with the same results. There was hardly anything in the chemistry of complex bodies more sure than that quinine cured ague and a large number of periodic diseases. As with quinine, so with mercury. If in his youth the value of therapeutic tests for indicating disease had been fairly estimated, we should have come many years sooner than we did to a knowledge of the syphilitic nature of a large number of internal chronic diseases. We were, he believed, too much under the guidance of what might be justly called inferential therapeutics. Because we knew something of pathology we might, therefore, proceed at once from pathology to the knowledge of the remedies of disease. It was a fair method of study if it were not carried to excess, but it should be studied side by side with the other fact that therapeutics might just as fairly be a guide to pathological knowledge.—*Pacific Medical and Surgical Journal.*

AILANTHUS GLANDULOSA IN DYSENTERY.—Dr. Robert, medical chief of the British navy in China, extols the bark of the root of this tree as superior to ipecacuanha or any other drug in the treatment of dysentery. It is intensely bitter, like quinia, and produces vomiting when freely used. Dr. Robert found the dried bark of the root as good as the recent. The Chinese physicians who employ it give a cup of the strong infusion twice a day. The tree grows luxuriantly in all parts of the United States, having been introduced for the purpose of shade. It is a very rapid grower, and propagates itself abundantly by shoots from the root, being almost a nuisance in this respect The tree is quite common in California, and is known as the Ailanthus or Pride of China. Some further account of its remedial application may be found in the *American Journal of Pharmacy* for June, 1874.—*Pacific Med. Journal.*

THE PATHOLOGY OF THE BLOOD.

M. Laptschinsky, of St. Petersburg, contributes a paper to the *Centralblatt* on the microscopic changes undergone by blood in various diseases. He finds that in various diseases in which marked febrile symptoms are present, the microscopic aspect of the blood is essentially different from that of health. The changes consist in the blood-corpuscles not running into regularly formed rouleaux, but accumulating in heaps or clumps of various size and shape. The individual blood-corpuscles frequently appear swollen and cloudy, and their contours less distinct than natural. Small corpuscles, one third of the normal size, are often met with, some of which exhibit a more intense colour than natural, whilst others are completely pale. In the interspaces of the clumps of red corpuscles, great numbers of white corpuscles may be seen, often coalescing to form groups of from 3 to 8. In typhus he counted from 60 to 80, and more in one field of vision: in cholera from 110 to 130. Careful enumeration of the relative numbers of white and red corpuscles four days after death in the above cases showed that there was 1 white to 60 red corpuscles in the case of typhus, and 1 white to 23 colured in the case of cholera. In a very anæmic woman, suffering from suppuration in the knee-joint, the proportion of the white rose to 1 to 13 red. The white corpuscles in these cases presented unusually active and extensive amœboid movements. The nuclei of the colourless corpuscles took a part in the amœboid movements, and could be seen altering their position and form in the interior of the white corpuscles. The thorn-apple or horse-chesnut-like form of red corpuscles he did not find to be unusually frequent. He found, however, large quantities of granular or detritus-like material in the blood of febrile, but not much in the blood of cachetic and anæmic, patients. From this enumeration he feels satisfied that in febrile disease, and in Bright's disease, the conversion or development of white corpuscles into red is either materially retarded or is entirely arrested.—*The Lancet.*

CONGENITAL HYDROCELE.

NOTES ON CLINIC BY PROF. GROSS, PHILADELHHIA.

This child, three months old, has had a swelling upon the left side of the scrotum ever since he was born. The tumor is not soft and gaseous, as was the tumor upon the child that has just been before us.

The testis is *not* at the inferior extremity of the tumor, as in the other case. Pressure does not reduce the tumor. The tumor never disappears, but is sometimes smaller than at other times. When the integument is tightened over the tumor, a certain amount of translucency becomes apparent. This could be more perfectly demonstrated by placing a light between the tumor and a dark background; but the present examination will suffice.

In this affection, which we may call hydrocele, the testis is at the posterior part of the tumor, not below; although there are exceptional cases to this general rule. As a rule, the testis is situated at the junction of the inferior with the middle third of the scrotal tumor, but nearer to the bottom of the tumor than to the upper extremity. In hydrocele the tumor cannot be diminished in size by pressure, as in the reducible hernia. The tumor may vary somewhat in its bulk, depending upon the state of the system and the condition of the absorbent vessels; hence there is occasionally a diminution in the quantity of water that the tumor may contain; but the tumor may be said to remain in the same condition, and gradually increasing in bulk.

The tumor in this case is not conical, as in the other case, but is quite globular; this, however, is a mere accidental circumstance. In a case like this there is no material change in the overlying structures and integument; but in both the hydrocle and hernia there is *usually* considerable stretching of the integument. The spermatic cord is usually felt at the upper portion of a hydrocele without difficulty, and it is only when the tumor extends into the inguinal canal that there is any difficulty experienced in its detection; but in hernia the spermatic cord is posterior to the bowel and omentum, and is usually felt in that position. In hernia we find also that the tumor is more in the groin than is the case with hydrocle. There is more or less of fluctuation in the hydrocele, whereas in the hernia there is never anything of that kind at all. In the hernia the contents of the tumor feel gaseous because the bowel contains more or less of air; and in the reducible variety there is always a gurgling, croaking noise when the reduction is made. Whenever there is any doubt with regard to diagnosis, the exploring-needle at once relieves that doubt. The best exploring-needle that can be used in these cases is the common sewing needle or a cataract needle.

(At this point a fine cambric needle was introduced, and water oozed from the puncture.)

The fluid which is at present in these fluids is perfectly clear, is saline in its taste, and coagulable by heat, alcohol, and acids. It is simply the serum of the blood, and has accumulated in this sac because there was a loss of balance in the secreting and absorbing vessels. In the natural state this balance is preserved, and the vaginal tunic is simply lubricated. Nothing more need be done in way of treatment to-day than the simple puncture that has been made. Several punctures of this kind may occasionally, in cases of recent standing, pro-

duce a radical cure. The external applications that may be made, and in many cases with benefit, are quite numerous, and among them the following may be regarded as the most serviceable :

℞—Tr. Iodini .....One part.
Alcohol .....Six or eight parts.—M.

Strong solutions of Goulard's extract, or acetate of lead or of alum, are also not unfrequently employed.

When the case is obstinate, the best plan of treatment is to traverse the interior of the sac with one solitary, delicate, well-waxed silk thread, and allowing it to remain for a period of eighteen to twenty-four hours ; but no longer than twenty-four hours in any case. For, delicate as the operation is, it is harsh enough to excite sufficient inflammatory action and effusion of lymph to glue together the sides of the sac.

When the case is cured by means of external applications, it is not unlikely to occur as the result simply of restoration of balance between the secernent and absorbent powers of the vessel.—*Med. Record.*

THE RADICAL TREATMENT OF HYDRO CELE BY INJECTION OF CARBOLIC ACID.

A man came to the hospital suffering from a hydrocele of the vaginal tunic of the testicle on the right side, which he stated first began to trouble him a year previous. Six weeks before admission it had been tapped, and more than a pint of fluid was drawn off, but it rapidly re-developed, and he accordingly presented himself for radical treatment.

As the ordinary mode of treating hydrocele by injecting tincture of iodine into the sac is sometimes unsuccessful, and at other times is followed by an excessive degree of inflammation, and even by suppuration, it was determined to employ carbolic acid as an irritant, which would it is believed, excite sufficient inflammatory action, and yet, as it checks the formation of pus when externally applied, would have a tendency to limit the inflammation in the sac within the degree of suppuration.

After the serous fluid, which amounted to a pint, had been drawn off by the trocar the operator injected into the vaginal tunic two fluidrachms of a solution of carbolic acid in glycerin, in the proportion of one part by weight of crystallized acid to two of the menstruum. He then, by manipulation, brought the fluid in contact with every portion of the serous surface, in order that the approximated sides of the sac might be rendered adherent by lymph thrown out upon the supervention of plastic imflammation. The patient did not experience any pain whatever from the introduction of the fluid, such as is the case when tincture of iodine is injected, and which is severe and extends along the course of the genito-crural nerve. It was thought that this painlessness of the procedure might be due to the fact that carbolic acid is capable of inducing local anæsthesia.

At the end of twenty-four hours the tumor was quite large, but had rather a doughy feel, and there seemed to be more inflammation present than generally exists one day after the usual iodine injection has been used ; but the swelling was neither painful to the patient nor very sensitive to pressure.

The remarkable feature of the case is the almost entire absence of pain in this method of treating hydrocele.

Carbolic acid seems theoretically to meet all the requirements of the radical cure of hydrocele ; but it will require continued experience to determine the practical value of this new method of treatment.—*Dr. Levis, Penn. Hospital, Southern Med, Record.*

JABORANDI.—M. Coutinho, of Rio Janeiro, describes in the *Journal de Thérapeutique*, No. 511-161, the effects of a Brazilian plant, known to the natives as jaborandi. It appears to be by far the most powerful diaphoretic known, not depending for its powers, like most other diaphoretics, in great part upon the heat of the menstrum. It may be taken in cold infusion. The salivary secretion is also greatly increased, so that the patient is for a time almost unable to speak, so rapidly does his mouth fill with fluid. The bronchial secretion is also augmented.

M. Gubler, the editor of the periodical just quoted, has confirmed the observatioms of Dr. Coutinho. He has several times collected a litre (about a quart) or more of saliva in less than two hours. One of his pupils who perspires with great difficulty, obtained a sweat by taking, while sitting up, a cup of the infusion scarcely warm. He says that the plant brought by Dr. Coutinho is the first undoubted example of a diaphoretic truly worthy of the name, that is to say, a drug having the power directly to provoke the secretion of the sweat by a special stimulation of the sudoriparous apparatus.

The specimens brought by Dr. Coutinho, having no flowers, could not easily be identified ; but, from a comparison with a collection of Brazilian plants, it appears that jaborandi is identical with a species of the family rutaceæ, the pilocarpus pinnatus, growing in the province of St. Paul in Brazil

Rabuteau (*L'Union Médicale*, 1874, No. 45, and *Centralblatt*, 1874, p. 528) has still further confirmed, by experiments upon himself, the statements of Coutinho.—*Boston Med. and Surg. Jour.*

PERICARDITIS WITH EFFUSION; ASPIRATION OF PERICARDIUM.

BY T. H. BARTLEET, F.R.C.S., SURGEON TO THE GENERAL HOSPITAL, BIRMINGHAM.

Dr. Harvey, under whose care the case is, reports that the patient, Henry H——, aged twenty, had been for fourteen days suffering from acute rheumatism, but under his care for four days only. Symptoms of pericarditis were observed on Dr. Harvey's first visit. On Nov. 13th he found the patient suffering from urgent dyspnœa. There was a considerably increased area of cardiac dulness and marked failure of pulse. At noon on Nov. 13th Dr. Russell saw the patient with Dr. Harvey, and reports: Very feeble and rapid pulse; very rapid breathing; much dyspœa.

Cardiac dulness extended to one inch to the right of the sternum and to the upper border of the first rib above, though here the dulness was not complete. The limit of the dulness on the left side was uncertain, owing to effusion in the chest. On auscultation, the heart-sounds were very feeble and distant; no friction-sound. There was a faint mitral bruit. The character of the heart-sounds was not affected by posture. The impulse of the heart could not be felt, otherwise than as an ill-defined movement of the chestwall at the region of the apex, spreading over a space the size of a crown-piece. The history of cardiac disorder at a former period suggested the possibility of pericardial adhesion.

At 8 P.M. on Nov. 13th aspiration was performed. A No. 2 aspirator needle, unguarded, was used. This was passed in the intercostal space between the fourth and fifth ribs, two inches to the left of the central line of the sternum. The needle was used as an exhausted needle; and directly the pericardium was penetrated, as shown by fluid freely passing into the aspirator, the point of the needle was pressed up against the chest-wall as closely as possible. The fluid flowed freely to fourteen ounces, and then stopped flowing. It was deeply tinged with blood, and deposited speedily a scanty coagulum, and subsequently a layer of blood debris. The supernatant fluid, still somewhat tinged, had a specific gravity of 1024.

During the latter part of the operation it was noticed by all present that the needle could be felt when held by the finger to be moved with the contraction of the heart. The patient was breathing deeply from pain or excitement, and thus prevented any cardiographic movements of the needle being *seen*. During and for half an hour after the operation the patient complained of severe aching pain. This ceased after a dose of fifteen minims of liq. opii. After the operation the line of dulness had receded to close upon the middle line of the sternum. The subclavian dulness had not disappeared, but was much less marked.

Nov. 14th.—Had passed a good night. Dr. Harvey thought the dulness a little increasing.

15th.—Reported considerably better. Lying down with ease; no dyspnœa; marked improvement in his look; pericardial dulness hardly reaches the right edge of the sternum. The first and second intercostal spaces are clear; third rib partly so.

Dec. 3rd.—Dr. Harvey reports that the pericardial dulness has nearly disappeared, and the pleuritic fluid has been mostly absorbed. Now that the heart-sounds can be plainly heard, a loud regurgitant mitral sound is developed.

10th.—Dr. Harvey reports to-day that the patient is able to sit up and walk about in the house.

Remarks.—This case shows the ease and safety with which paracentesis pericardii can be performed, for the relief of urgent symptoms resulting directly or indirectly from pericardial effusion. There was no difficulty in the operation itself, nor was there any subsequent symptom to mar the steady progress of the case to recovery. One point more is of especial interest—namely, that no peculiar or unfavourable importance need be attached to a free admixture of the blood with the fluid withdrawn—*The Lancet.*

PODOPHYLLIN FOR ACUTE RHEUMATISM.—Dr. R. F. Dyer, of Ottawa, Illinois, says that about five years ago he discovered that the active principle of podophyllum peltatum promptly relieves the pains in acute rheumatism. He usually follows it with the "alkaline treatment," and if the pains return, he recurs to the podophyllin. He commences with light doses, combined with Dover's powder at intervals of two to four hours until the bowels are moved very freely several times, and has been frequently astonished at the amount required to effect this. In some cases, he has given it in broken doses for three days before it took effect. The more severe the case, the more it required. While the bowels could be acted upon easily by other remedies, the action of this was delayed. Sometimes two or three evacuations relieved; a1 others it required eight or ten. After the bowels are evacuated, if relief be not obtained, he continues the use of the medicine in broken doses, not large enough to produce vomiting. If the pain return in two or three days, he repeats the treatment. He has thought that perhaps it was the free purgation that afforded relief, but upon trying active catharsis from other remedies, he is fully satisfied that there is some specific influence exerted by the podophyllin. Having fully tested this remedy for the past five years, he now recommends it to the profession. —*American Journal of Medical Sciences*, July, 1874

TREATMENT OF UTERINE FIBROID BY HYPODERMIC INJECTIONS OF ERGOTINE.—Dr. Theophilus Parvin records (*American Practitioner*, May, 1874) three cases of uterine fibroid, in which marked benefit followed the hypodermic administration of ergot. In all the cases heretofore treated, so far as Dr. Parvin knows, the ergotine has been administered with glycerine, which Dr. J. T. Bowls, of Knightstown, Indiana, states to be a needless, and maybe injurious, addition, causing in some cases painful inflammation and threatening abscesses, which was not observed when the glycerine was omitted, and the efficiency of the injection was not found to be lessened.—Dr. A. Reeves Jackson reported to the Chicago Society of Physicians and Surgeons (*Chicago Medical Journal*, June. 1874) five cases of fibrous tumor of the uterus treated by the method of Hildebrandt, and in three of them with decidedly favourable results. Dr. Jackson obtained the best results from a solution prepared according to the following form: "Fifty grains of the extract (Squibb's) are dissolved in two hundred and fifty minims of water, the solution filtered and made up to three hundred minims, by passing water through the filter to wash it and the residue upon it. It represents ergot, grain for minim, free from alcohol or other irritating substance." Latterly he has used this solution exclusively, and thus far has seen no irritition, pain, or inflammation result from it. He no longer selects the abdomen as the site for injection. Although some parts of the abdominal wall—as about the umbilicus, for example—may be less sensitive to puncture than others, yet all parts of it are more sensitive than the deltoid region; and, inasmuch as the latter is more convenient, and the injections placed there equally efficacious, he now habitually selects the arm in preference to any other part of the body.—Another case was reported to the Society by Dr. J. H. Ethridge, three by Dr. H. P. Merriman, and one by Dr. S. Fisher, in all of which beneficial results followed the hypodermic use of ergotine.—*American Journal of Medical Sciences*, July, 1874.

NO ANTAGONISM BETWEEN STRYCHNIA AND MORPHIA.—The opinion that the life of animals poisoned by strychnia may be saved by morphia, was not supported by recent experiments made with animals. Dr. Froehlick, under the guidance of Prof. Rossbach, undertook to examine the behaviour of rabbits, placed under the influence of the alkaloids. He fixed the smallest lethal dose of strychnia and morphia, administered then first either the strychnia, and after some time the morphia, or *vice versa*. The animals were taken by tetanic cramps and died. When a mediate or deep morphia narcosis was obtained, the action of strychnia was more striking.—*Schmidt's Jahrb., July, 1874.—Detroit Med. Review.*

It is contemplated to erect a memorial statue in honor of Ephraim McDowell, M.D., of Kentucky, the *founder of ovariotomy*. The appeal for aid to the project is first made to the women of the world who have been rescued by ovariotomy; next to the members of the medical profession, whose resources, have been so greatly increased; lastly to, all who appreciate this advance in surgery, and its originator as worthy of the gratitude of the human race. All contributions to the memorial fund should be sent by money order or registered letter, addressed to Dr. James M. Kellar, No. 58 Green Street, Louisville, Ky., who has been appointed secretary and treasurer by the committee.—(*Boston Med. and Surg. Journal.*

A DIFFICULTY IN FŒTAL AUSCULTATION.—Dr. J. Braxton Hicks calls attention to a point with regard to the diagnosis of pregnacy and the life of the fœtus, by means of the existence of the fœtal heart-sounds—which he had not unfrequently observed in the course of his practice, but which he does not remember to have seen in print—and summed up his observations as follows: First, that the number of vibrations of the abdominal muscles in a state of half-suspension can be distinctly counted, watch in hand; second, that their number and sound is so like those of a very rapid fœtal heart that they may be mistaken for them.—*Philadelphia Medical Reporter—Medical Examiner.*

TREATMENT OF SPASMODIC ASTHMA.—Dr. Julio J. Lamadrid recommends the combination of chloral hydrate with the bromide of potassium in the treatment of spasmodic asthma. The following is the formula which he employs:

℞—Chloral hydrat.....3j.
Potassi bromide.....3ijss.
Syr. flor. aurantii,
Aqæ dest., aa.....f. 3i.

Sig. A teaspoonful in half a wineglass of water every two hours, until sleep is induced or dyspnœa is relieved.—*Phila. Med. Times*, Aug. 29, 1874.

FUNCTION OF THE OPTIC THALAMI.—Professor Fothnagel, of Freyburg, gives in a reeent number of the *Centralblatt* the results of a series of experiments he has performed on rabbits to determine the functions of the optic thalami. They are—1. That these ganglia have nothing whatever to do with the innervation of the voluntary movements. 2. After their extirpation no indications can be obtained of any direct disturbance of the sensibility of the skin. 3. They appear to have immediate relation to the muscular sense.

CROUP.—What are *diseases which can simulate croup?*

Dr. H. Roger, of Paris, gives the following reply to this question.

1. (*Edema of the larynx;* but it is exceedingly rare amongst children, and by the examination of the superior part of the aryteno-epiglottic folds all doubt is removed.

2. The introduction of *foreign bodies*, such as a cherry-stone, a bean, &c.; but there is no fever; besides, recollection comes in aid, as well as the other signs of which we have spoken.

3. *Retro-pharyngeal abscess*, which gives rise to these symptoms—cough, fever, difficulty of respiration, suffocation; but the examination of the throat suffices to put an end to all idea of croup.—*The Doctor.*

SOOTHING APPLICATION IN HERPES ZOSTER.—

℞—Collodion, ʒ j;

Morphiæ muriat., gr. viij.—M.

To be painted over the vesicles without breaking them open.

REMOVAL OF THE UTERUS AND ITS APPENDAGES FOR FIBRO-CYSTIC TUMOR.

By E. H. TRENHOLME, M.D., B.C.L., Prof. of Midwifery and Diseases of Women and Children, Bishop's College, Montreal.

Read before the Medico-Chirurgical Society of Montreal.

Miss Isabella Buchanan, aged 33 years, born in Brantford, Ontario, was examined by me for the first time, in October, 1873, presenting a healthy appearance, of medium height and dark complexion, but somewhat spare in flesh. On special examination, a large globular tumor occupied the abdominal cavity, the abdominal walls very thin, and the skin over the tumor marked by numerous silver lines due to extreme distention; a dark line extends down the middle, and the superficial veins dilated; areolæ of both nipples dark and well marked. The tumor is firm, appears non-adherent, as it can be freely moved in all directions. Percussion elicits a dull note, and a small collection of fluid detected at upper part. Tenderness on pressure at the sides. Measurements are as follows:—Girth at umbilicus, 41 inches; ensiform cartilage to umbilicus, 9 inches; from latter to symphysis, 11 inches; from right ant. sup. spinous process to umbilicus, 10½ inches; from left ditto to ditto, 9¼ inches. Vagina greatly elongated and pointing to left side. Uterus cannot be brought into view with the speculum, and also beyond reach of finger, except when standing with the left leg somewhat elevated. The uterus and right ovary can be felt on the left side of the abdomen, over the tumor, before and during menstruation; left ovary not felt. The menses began when fourteen years old, and have always been regular, but painful, till the appearance of the tumor, since which time they have been free from pain. During the menstrual flow cannot lie on the left side; at other times can rest equally on either side. Urinary organs in good order. The bladder is expanded upwards above the pubes, and when the urine does not flow freely it is readily expelled by pressure of the hand. Digestion and appetite good; bowels regular, but for some months has been troubled with flatulence.

HISTORY. Is of healthy parentage on the side of both father and mother; all her relatives are in good health.

The present ill health began in September, 1870, at which time she had an attack of what her physician called "gravel and inflammation of the bladder." After recovery from this sickness, she felt a growth in the left groin, which gradually increased in size. In 1871 the tumor grew rapidly and extended toward the right side. During the year had a slight leucorrhœl discharge, but, otherwise suffered no inconvenience.

In February, 1872, had an attack of menorrhagia, which recurred again in May of the same year, and three or four times since; the last of which was in July 1873. She continued in good health from this time to the end of January 1874, when an offensive vaginal discharge made its appearance, which gradually increased in quantity till the last week of the following month (February), when she had what she called a congestive chill, followed by high fever and profuse perspiration. The patient's flesh and strength now rapidly failed. Night sweats set in; the vaginal discharge has continued and is of a highly offensive odor. The menstrual flow is always preceded and accompanied by abdominal distention and intense pain. There are also continuous nausea, a fœtid exhalation from the skin, and a fœtid breath.

Diagnosis.—That the tumor is fibro cystic, involving the body of the uterus toward the left side; that the ovaries are intact; and that a communication exists between the cavity of the uterus and a suppurating cyst of the tumor.

Prognosis.—From the decided failure in flesh and strength, since seen last fall, the presence of a suppurating cyst, the increasing agony and distention of the abdomen during every monthly period, the incipient urinary disorder, and the depression of spirits, I judged that the present state of things could not last more than two or three months before death would supervene. When seen during last fall, I refused to operate so long as she could enjoy life, and as she had reached the limit of that period I now, at her earnest solicitation, concluded to remove the tumor, together with the uterus and its appendages. The condition of the urine indicated the administration of carbonate of lithia, (effervescing) for some days before operating.

OPERATION.—On the 12th of June, 1874 assisted by Drs. Hingston, Kennedy, & Gardner and in the presence of several other physicians—the operation was commenced by making an exploratory incision in the mesial line to the extent of about six inches—the upper end of the incision reaching to within one inch of the umbilicus. The subjacent tissues were then carefully divided on a director. On opening the abdomen it was found that the peritoneum was extensively adherent to the whole surface of tumor. During this part of the operation many small bleeding points appeared, but were perfectly controlled by the unsparing use of Pean's forceps. The adhesions on the anterior surface being now all separated, Wells' trocar was introduced at a point where there seemed to be indistinct fluctuation, but no fluid obtained. It was then found necessary to extend the incision 2½ inches above the umbilicus, and downward to within 2 inches of the pubes, in all making an incision of about 13 inches in length. The adhesions on its posterior surface were also found to be numerous. The tumor was then firmly grasped by the operator, and elevated from below upwards and forwards—adhesions were separated, and the uterine ligaments divided by the actual cautery. Whenever it became necessary to ligate vessels that were divided during the operation, fine flaxen carbolized ligatures were employed, and the ends cut off near the knot. About forty such ligatures were used and left in the cavity of the abdomen. The separation of all adhesions, among which was an attachment of the bowels about ten inches in extent, being accomplished, the tumor was elevated, and the vessels by which it had been nourished—passing from behind forwards to the posterior surface of the uterus just about the junction of the fundus with the cervix uteri, and on the left side—were secured; and strong carbolized linen ligatures applied and cut short, and the vessels divided. A triangular piece of peritoneum, three inches long and two broad (at the wide end) was torn from its connections—by the weight of the tumor—and removed. The tumor was then drawn upwards and backwards to bring into view the cervix uteri, which was found much elongated. The position of the ostium externum was next ascertained by external palpation. The vagina was observed to be much elongated likewise. A bougie about three-fourths of an inch in diameter was then introduced into the vagina, so as to elevate the pedicle, which was now transfixed with a long curved needle armed with a strong hempen ligature. The two halves were then securely ligated, and the wire écraseur applied about one-third of an inch above the ligatures. A few revolutions of the handle of that instrument sufficed for the constriction of the pedicle, which was then divided just above the constricted portion, and the tumor thus extirpated in two hours and fifteen minutes from first incision. The parts in the neighborhood of the wound were now carefully sponged, and the abdominal cavity cleared of clots of blood and other foreign matter—carbolized sponges being constantly used. Considerable oozing, deep down in the right inguinal region, soon became apparent. It was ascertained to be arterial, and the bleeding vessel was secured and ligated—the ends of the ligature being cut off short near the knot, in this as in every other instance of ligation. The edges of the wound were brought together and closed by eight deep sutures of strong carbolized linen, and superficially by the same number of horsehair sutures. The pedicle was transfixed by two steel pins across the abdomen, the one in the centre and the other in the upper edge of the pedicle embracing the incision on each side; the écraseur was left as an additional security to prevent removal of the pedicle from between the edges of the wound. The cut surface of the pedicle was then smeared over with carbolic acid and perchloride of iron. The wound was covered with two layers of carbolized lint and secured by broad straps of adhesive plaster, passed from side to side. Cotton wool was placed over the abdomen and secured by a flannel bandage about ten inches wide. The patient's pulse at this time, as well as about half an hour previously, had become very weak, alternately flagging and reviving. Brandy was administered about every ten minutes, until the pulse grew stronger and fuller. She was not removed from the table until reaction had commenced, when she was put to bed—the bed-linen having been previously well-warmed—and hot bricks applied to her feet. She was then warmly covered with blankets. The temperature of the room had been made sufficiently warm and comfortable by a fire which was kindled for the purpose of heating the cautery irons.

AFTER TREATMENT.—After being comfortably placed in bed, a quarter grain dose of morph. mur. was administered against my judgment, at the urgent advice of some medical friends. Slept for a few moments at a time up to 4 p.m., when vomiting supervened, for which tincture of aconite was administered every hour with good effect.

At 10 p.m. drew off ℥ij of urine, and as the skin was acting well and temperature and pulse high; omitted aconite, and gave brandy and veratrum viride. Vomited but once since four o'clock.

13th, (2nd day,) 1 a.m.—Slept quietely for the last three-quarters of an hour; wind in bowels beginning to cause trouble; slight nausea and belching of wind. 4 a. m.—The medicine causes nausea and is omitted; removed ℥iij healthy urine. Has slept more than half the time since 1 o'clock. At 5 a. m. vomited, and at 6 a. m. nausea continues; skin acting freely. 7 a. m.—Took some milk and water; removed ℥iij urine. 11 a. m.—Vomited bilious fluid with ingesta. Gave tr. capsici. 5p. m.—Has slept well during the greater part of the

afternoon; skin acts well; feels easy. As pulse was a little hard, and fearing peritonitis, gave the verat. viride once more, but was obliged to discontinue it as it caused nausea and emesis. About ʒiv of urine was removed at 3 p. m., and ʒv at 7 p. m. 9 p. m.—Passed flatus per anum; attempts at emesis occurred at the same time, also at 10 p. m., when more gas escaped; after which she had what she called a "refreshing sleep,', for about twenty minutes. 11 p. m.—Skin cool and moist; tongue slightly furred. Drew off ʒiij urine, after which she slept well for one hour·

14th, (3rd day).—From 1 to 3 had a quiet, comfortable time; skin moist and cool; drew off ʒvj. of clear, normal-looking urine, with a slight ammoniacal odor. 7 a. m.—Has been troubled a good deal with abdominal distension from difficulty in passing wind, which has not escaped for some hours. Is troubled with nausea, and vomited once. Gave aconite (Flemmings') ¼ drop, which gave some relief, but induced great diaphoresis. At 7.30, flatus escaped easily and freely. 9 a. m.—Nausea and a short spasm of pain in bowels, with a chill, and followed by emesis and perspiration. 10 a. m.—Skin cool; flatus escaped freely several times, followed by a natural stool. Dressed the wound, which is united by first intention, 11.30.—Passed urine naturally, without trouble; there is still slight nausea. Vomited again at noon, after which felt easy. Tongue a little coated. 1 p. m—Took beef tea with relish, for the first time; before this had taken ice and water only. At 4 o'clock and again at 7 o'clock, passed urine naturally, and slept a good part of the afternoon quietly and well. At 10 p. m., her temperature was normal and pulse 100; skin cool and moist; passed urine and flatus easily. From this time till 3 p. m., 15th June, (4th day), she slept well the greater part of the time, the pulse gradually going down till it touched 86, and the temperature remaining normal. Changed her bed at 1 p. m., when she passed urine as usual. After this complained of phlegm in the throat and a tendency to cough, which greatly distresses on account of the pins passed through the pedicle hurting the abdomen. 8 p. m., skin moist but rather hot, thinks the heat of the day makes her feel so warm. Is very free from pain; takes beef tea well; flatus passes freely.

16th June, (5th day). 1 a. m.—Has not slept for last twelve hours, and says she is tired. 2 a. m.—Can't sleep for bad dreams; skin hot and dry; pulse rather wiry; gave one drop aconite every hour. 4.30.—Pulse softer; skin cool and moist; tongue moist but furred; no pain; is tired; dreams still trouble. 8 a. m.—Cough begins to give much distress, for which gave ext. nucis vomici (fld.) in 1-20 drop doses every hour or two. 12 m.—Cough easy; slept well; skin cool and moist. 4 p.m.—Cough troubled a good deal at one o'clock, but since then easy and well; took half a cup of chicken broth and a crumb of bread; skin moist; tongue clean. 6 p.m.—Cough troubles still; urine all right; takes broth freely.

17th June, (6th day), 9 a. m.—Had a good night; slept nearly all the time. All going well, except a little pain with last few drops of urine; says she "feels as though she should be out of bed."

18th June, (7th day). 8 a. m.—All going on well; had a good night; pedicle troubles somewhat, and on examination find it nearly separated; there is a little pocket of pus at site of upper needle; all else looks well; urine passes freely, but of a smoky color. Ordered night and morning the effer. carb. lithia water.

19th June, (8th day). 8 a. m.—Slept since ten last night splendidly, and feels all right, "sleep very refreshing;" passed ʒx normal urine; removed two deep sutures.

20th June, (9th day). 11 a. m.—Passed a fair night, but cough and bad dreams troubled her a good deal; urine a little smoky-colored but quite free; had very severe perspiration between 2 and 4 a. m.; every thing on her wet by it, but skin is now normal. There is free suppuration and discharge around pedicle, which is rapidly separating from the healthy tissue below; removed écraseur and left the wire around pedicle in situ. Cough troubles. 10 p.m.—While dressing pedicle it separated, and with the two needles came away. The whole of the neck of the uterus came away and left a deep cavity, partly due to this cause and partly to elevation of abdominal walls. Wound looks well.

22nd June, (11th day). 10 a.m.—Feels well; tongue clean; urine abundant and normal; wound discharges freely, but very deep from retraction of vagina; had purulent discharge "per vaginam." 10 p.m.—Heat of the day has prostrated her a good deal; all going on favorably.

23rd June, (12th day). 10 a.m.—Gave castor oil to open bowels, as she has had no passage since evening of third day. 10 a.m.—Bowels acted well, and abdomen not distended much. Removed all adhesive straps, and kept dressing in its place by a flannel roller only; removed about ʒj pus, with some shreds of cellular tissue from around wound; passed a good day and feels well.

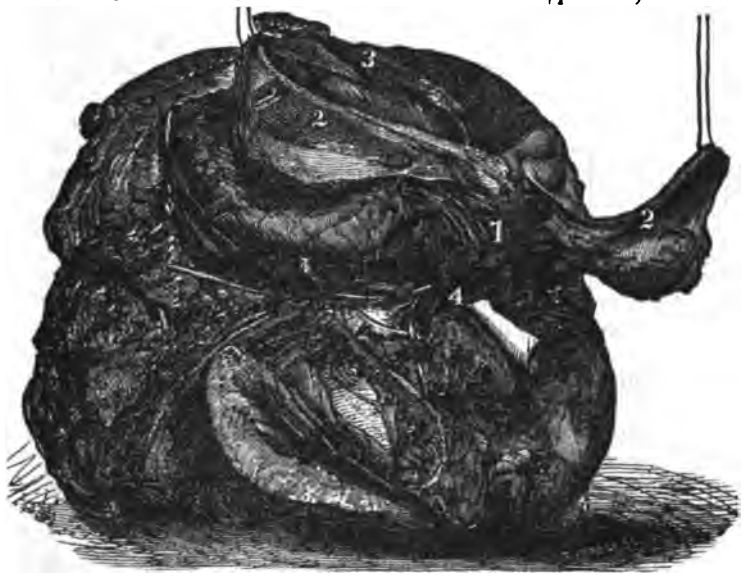
24th June, (13th day). 10 a.m.—Had a good night but bowels slightly loose; some slight pain and tenderness over bowels, also tympanites; wound looks very well and filling up fast with healthy granulations. 10 p.m.—On dressing wound and removing some shreds of cellular tissue, find a small pocket of pus to the left and above Poupart's ligament communicating with a cavity of the wound.

25th June, (14th day). Appetite good; looks well; although slept little last night; tongue clean, urine normal; wound doing well and filling up rapidly; pocket of pus nearly gone.

26th June, (15th day.) 9 a.m.—Had a good night, slept nearly all the time; very free escape of pus from wound; the indurated and hyperplastic tissue around pedicle seems to be dissolving away, although a little still remains on the right side.

27th June, (16th day). 10 a.m.—Passed a poor night on account of wind in bowels. Gave veratrum viride again, but it caused emesis. Tongue, skin, etc., all well; wound doing well. 10 p.m.—Gave an injection—confection of senna failing to move the bowels—which opened then twice; changed the bed linen and placed a new hair mattress under her, Gave 5 grs. calomel which moved bowels freely at 11.30, after which she felt quite easy.

29th June. 3 p.m.—Doing well. Free discharge of pus. Sat up in bed for a short time.



1. Uterus. 2. Ovaries.

3. Round Ligament.

4. Piece of paper which was put into the cervical canal for the purpose of indicating its position, as also the divided portion of the cervix.

2nd July—Wound discharges freely, although nearly filled up to a level with abdomen.

Continued doing well up to 6th July, when I discovered a pocket of pus on right side, which, by gentle pressure, freely escaped by the wound.

9th July.—Pocket of pus in right side gone; but there is one formed on left side. Bowels distended with gas, which does not pass off as easily as usual.

12th July.—Pocket on left side disappeared; wound doing well. Got up in an easy chair while bed was being made, and enjoyed the change.

17th July, (35th day).—Walked down town as far as Victoria Square; is perfectly well, but feels weak. Is gaining flesh rapidly; weighs 102 lbs., 32 lbs less than before the operation.

From the above date, till she left for her home in Ontario, she gained half a pound per day in weight, and is quite active on foot.

The tumor weighs 16 lbs, including the uterus and ovaries. It springs from the posterior and left side of the centre of the body of that organ. A No. 10 sound can be passed through a fistulous opening into a cavity situated in the centre and upper part of the anterior aspect of the tumour, which cavity will hold about 35 ozs. When removed this cavity was full of pus. The rest of the growth is of a uniform firm, fleshy character. The accompanying illustration gives a correct view of its contour and peculiarities of formation:

The operation, the details of which I have the pleasure of laying before you this evening, is one that has not as yet secured for itself a place among the recognized and legitimate operations of the surgeon.

That this *should have been* the case is not to be wondered at, when one considers its formidable character, and the grave risks to the life of the patient; but that it *can continue* to be thus placed beyond the sphere of warrantable surgery is quite impossible in the face of the wonderful success that has of late attended it in the hands of such men as Pean and Keberle. True the risk is, notwithstanding the known perfection of detail in operating, fearfully great, and we would not pen one word that would tend to remove a particle of the heavy weight of responsibility from the shoulders of him who undertakes it; but, on the other hand, it is no small gratification and pleasure to be a fellow-worker with those who, in dealing with these unfavourable cases, have, by skill and daring, rescued some few of such doomed ones from an early grave.

I trust that the report of this case will not long remain the only successful one on record in Canada, and that where life has become a burden and in imminent danger of an abrupt termination, others may take heart and undertake the operation with hopeful courage, trusting that their efforts may be crowned with a similar success.—*Can. Med. Record.*

THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, FEBRUARY 1, 1875.

MEDICAL ACCOUNTS.

In any month of the year it is to be presumed that with the medical practitioner the question of accounts must be a seasonable one. The customs and traditions of the old land have made of Christmas time, this interesting season. The exigencies of the people of this country, as being in the main an agricultural population, have made the autumn and early winter months the season of realization, the country doctor sharing the fortunes of his farmer client in this respect. In cities, medical accounts are usually settled annually, though the practice is becoming more general, of rendering bills every half year, or even every quarter. The long credit system is felt to be an evil, and productive of much loss; so that it is fit and proper that the professional man should follow more closely the practice of merchants, and require prompt payments on short credits. The modern physician would no doubt, find it exceedingly difficult, if not impossible, to get back to the good old times—when the fee was regularly paid at the time of the visit; but if this cannot be hoped for—or if it be not desirable, as some may think—we may at least, by united action, effect an improvement in medical financiering.

We have oftentimes been compelled to regret that so many medical graduates set out in the practice of their profession with unformed business habits, and yet, from the nature of the system of medical education, which until lately left all the training of the student to be acquired within college walls, this essential requisite to success, of correct and well-formed business habits has been neglected. Note how differently the lawyer's education is made complete. Lately, however, we have made an approach to giving the medical student something of the same business training that the lawyer's clerk receives. It is true, that a knowledge of pharmacy is made the primary object of the new system of requiring a student to compound medicines in the office of a qualified practitioner for a period of twelve months; but the incidental opportunity thus afforded of acquiring a business training—supposing the pupil to have a business man for his preceptor—cannot fail to be of great value.

The improvement required in medical finance is, the institution of a more regular, oft-recurring and thorough system of collecting accounts. It is a reproach to the business habits of the profession to have to say, that a doctor only realises two dollars out of every three that he earns; and yet this is so generally asserted that we must accept it as a fact. This heavy per centage of loss will be likely to continue so long as people are permitted to incur indebtedness to medical men with the universality and recklessnes that everywhere throughout Ontario seem to be the case. A lawyer acts with ten times the prudence that a medical man does in giving credit; and the merchant would speedily be ruined who should act with anything like the carelessness of the ordinary medical practitioner.

We advise the profession to insist on cash payments for all office consultations of a transient character, and to form the habit of regularly sending out the accounts at short intervals, say at the termination of a case if it be of short duration, at the end of every month in the case of artizans and small dealers, and every quarter or every half year in the case of persons in a better position to sustain their credit. The smaller the bill the easier it will be paid, the oftener the accounts are made out the less room will there be for serious loss; the sooner the happy moment of gratitude which ensues upon recovery is seized to collect the fees for the cure, the more satisfactory will the transaction be to the practitioner.

On all these grounds and considerations then, it behooves the medical man to be active and methodic, and to attend strictly to the business part of his labours.

The London *Lancet* is said to net an annual income of nearly twenty-five thousand dollars.

PUBLIC HEALTH LEGISLATION.

The period for the assembling of the Dominion Legislature is approaching, and we trust Dr. Brouse will bring forward at an early day a Public Health Act requiring the appointment of Sanitary Officers either by civic corporations and town councils, or better still, by the Legislature, appointing a Health Officer for cities and counties, who should *ex officio* preside over Local Boards, exercising a due regard to the special qualifications of the individuals so named; the concurrence of the Local Boards in the sanitary measures proposed being made obligatory.

The reports of the State Board of Health of Massachusetts sufficiently demonstrate the advantages resulting from the enforcement of the laws relating to vaccination, and the continued prevalence of Small-pox in Montreal makes it abundantly evident that enactments more coercive than are now in existence, are an absolute necessity for the protection of the public. City and Town Boards of Health should have either plenary powers entrusted to them for the removal of persons affected with Small-pox to a Hospital sufficiently distant from the city or town, or otherwise, for the maintaining of a strict *cordon sanitaire* around the affected locality, thus effectually isolating the infected from the healthy. As a further precaution against the spread of the disease, Local Boards should carefully provide for the protection of recent vaccination, as also for the destruction of the virus in all infected clothing and premises, due regard being also paid to the sewerage and crowding in tenement houses of infected localities. Very great powers are given by the General Statutes to secure the public health in the State of Massachusetts, the Local Boards being empowered to make such ordinances as they may conceive necessary, and a penalty not exceeding a hundred dollars is affixed to the violation of any rule by them established. The effectual carrying out of the regulations depends then only on the judicious and fearless action of the persons appointed.

The legislation of the future should be mainly directed to the prevention of disease, and with this object in view competent physicians should always have a seat at the Board, who will be the best able to discriminate between what is and what is not harmful to the public in the character of the soil, of the water and of the air; also in the removal of nuisances, e. g. slaughter houses, factories of soap and glue, imperfectly cared for latrines, pollution of streams, sewage, and water supply, imperfect house accommodation of the poor, &c. Adulteration and impurities of food should also be a matter for strict legislation, the two principal factors of cholera infantum in cities being unquestionably foul air from imperfectly trapped waste pipes, sewers, &c., and adulterated milk.

Dr. Nichols, in his report on the adulteration of milk, advocates, that when offenders are dragged to light they should be subjected to a severer penalty than fine; he says, "Once let it be understood that the perpetrator, when detected, shall be subjected to some ignominious punishment proportionate to the offence—shall be for instance, imprisoned in the House of Correction, in that case a different moral standard will at once be created, and what is now considered as a trivial misdemeanour, will henceforth take rank among the unpermissible as well as forbidden offences." To render the law more definite, and leave little to the discretion of juries, it would be desirable to establish a uniform standard of comparison, that is to say, to determine the limits beyond which the composition of pure milk is known not to vary, a point easily settled by competent chemists.

UNLICENSED PRACTITIONERS *vs.* LIFE INSURANCE COMPANIES.

A correspondent asks the question—Can a graduate from the United States who has not registered in Ontario, and who came here subsequent to the passing of the present Medical Act, examine applicants for any Insurance Company? or, in other words, is examining applicants for Life Insurance Companies practising medicine?

There is no doubt that such examinations come within the scope of the Medical Act, and all persons so practising are liable to the full penalty of the law. This matter would easily correct itself if the public were given to understand that a legal quibble might be raised when the policy became a claim, because the examiner was not a legally qualified medical practitioner. It would be well also for the medical referees, when referred to in regard to the appointment of examiners in different parts of the country, to ascertain whether the candidates for appointment as examiners are registered or not

before recommending them. We would advise our correspondent to write to the President of the Company, and inform him that the medical examiner is not a "legally qualified medical practitioner" according to the laws of the Province. Complaints are coming in from various parts of the country, and it is high time the Executive Committee of the Council took some action with a view to suppress irregular and unlicensed practitioners, either on its own behalf or by the appointment of a public prosecutor. The members of the profession cannot be expected to pay their annual tax for the support of the Council whilst unlicensed and irregular practitioners of every shade are practising unmolested all around them.

CLINICAL LECTURES.

The Messrs Putnam & Sons, of New York, are about to commence the publication of a series of *Clinical Lectures* by representative American Medical Teachers, upon topics of practical interest. It is intended to select for publication in the series only lectures by recognized Medical instructors; either Professors in Colleges, or Hospital Physicians, in the large cities of the United States. These lectures will be upon medical, surgical, and a few special topics, and will express not only the personal views of the lecturers upon the subjects treated of, but also the latest pathological and therapeutical opinions connected with these topics, and will therefore be trustworthy guides to practice. The series will be begun by the publication of one lecture each month, but if sufficient encouragement be received, it is proposed to make the issue semi-monthly. The lectures will be printed in pamphlet form; each number to contain from twenty to thirty octavo pages. For the first year no subscriptions will be received, but the lectures will be sold separately at from 30 to 50 cents each. The series will be under the editorial control of Dr. F. C. Seguin. The first number will be ready about February 1st, and will consist of a lecture by Prof. Lewis A. Sayre, on Disease of the Hip-joint. This will be followed by lectures from Profs. Flint, Sr., Loomis, Jacobi, Thomas, Thompson, Sands, Draper and others.

A NEW ANTISEPTIC.—Certain experimental observations by Prof. Kolbe, of Leipzig, have demonstrated that salicylic acid possesses antiseptic properties of a superior order. It is capable of arresting the process of fermentation in grape sugar in a very short time, completely destroying the ferment. Small quantities of the acid rubbed into pieces of fresh meat prevents decomposition from taking place. It can also be easily removed by washing or rinsing, leaving very little trace behind. Sprinkled on ulcerated cancerous surfaces or sloughing sores, it destroys offensive smell and accelerates the healing process. It has also been tried in the form of spray in surgical operations with very good results. Possessed of such properties, this substance, Prof. Kolbe claims, is entitled to a place on the list of really useful articles of the Materia Medica.

INDUCTION OF PREMATURE LABOR.—Prof. Carl Braun, of Vienna, after having tried all the various plans for the induction of premature labor recommended by different authors, finds the following to give better results than any other. He has had very large experience, and therefore his opinion is entitled to consideration. His method consists in the employment of a pointed quill, with which the membranes are punctured. The point of the quill is placed on the palmar surface of the index finger, and then passed up through the cervix; or better still, a small sound is placed inside the quill, and a little beyond its point, so as to introduce it through the cervix, after which the sound is withdrawn, and the quill made to puncture the membranes.

The *British Medical Journal* reports a case of death from the administration of bichloride of methylene which occurred a short time since at the Royal London Ophthalmic Hospital. The patient was suffering from caries of bone near the lachrymal sac. Mr. Buller administered the anæsthetic, bichloride of methylene, by means of a perforated leather inhaler covered with flannel. Three drachms were inhaled, and in two minutes the breathing became stertorous. After the operation, the pulse at the wrist suddenly failed, and respiration ceased. All the ordinary means for restoration were employed, but without avail.

Professor Billroth, of Vienna, (*Boston Med. & Surg. Journal*) has recently, for the second time, performed the operation of extirpation of the entire larynx. The patient, a man aged fifty years, had for some time suffered from hoarsenes and increasing dyspnœa. Dr. Schrotter, by laryngoscopic examination, detected on the left vocal cord a nodulated growth, apparently adherent to the mucous membrane, and which he diagnosticated to be an epithelioma. By the rapid progress of the disease the larynx became affected and the dyspnœa constantly increased, so that Dr. Billroth proposed to operate, giving at the same time a favorable prognosis with regard to the return of the disease, on the ground that no infiltration of the adjacent lymphatic glands could be detected. After the operation, a microscopic examination of the specimen completely confirmed the diagnosis of Dr. Schrotter. The patient died in five days apparently from hypostatic pneumonia.

Improved Test for Sugar.—Dr. Haines, in the *Med. Examiner*, Chicago, gives an improved test for sugar. It is based on Fehling's test. Fehling's test consists of a solution of sulphate of copper, the neutral tartrate of potassium and caustic soda. This, when added to urine containing sugar, and heat applied, gives a yellowish-red precipitate. These substances cannot always be obtained in a state of purity, and the solution is liable also to become spoiled when allowed to stand for some length of time. He therefore proposes the following:—Sulphate of copper, 30 grs.; hydrate of potassium, one and a-half drachms; pure glycerine, two fluid drachms; pure water, six fluid ozs.—dissolve. This solution will, he says, keep for any length of time, without spoiling.

Fibrous *vs.* Bony Anchlosis.—Dr. Sayre, (*Med. Record* No. 3), in speaking of the importance of diagnosing between fibrous and bony anchlosis, says if movements are made at the joint and any motion whatever is secured during the manipulation necessary to a thorough examination of the case, it will be followed by more or less pain within twenty-four hours if the anchylosis is fibrous in its character. When bony anchylosis is present no movement at the joint can be effected, and consequently pain will not be produced. This he considers a most reliable diagnostic point.

Pepsin in Croup.—Dr. J. E. Brown, of Cloverport, Kentucky, details in the *American Practitioner* for December, two cases of croup, in which he employed pepsin in powders, with a view to exert its solvent action on the false membrane obstructing the air passages. Other agents, as the atomization of the nitrate of silver, were employed, but Dr. Brown attributes the cure in both cases to the action of the pepsin. Giving this to a child of three and a-half years old, in four grain doses every two hours, along with quinine, he states that in the course of ten hours, at almost every act of coughing, large flakes of lymph were expectorated. In the second case, that of a girl four years old, the symptoms grew better from the beginning of the treatment by pepsin and quinine, and soon disappeared altogether. The membrane, which was not well organized, came away in forty-two hours after beginning the pepsin.

Uses of Carbolic Acid.—Among the recent applications of carbolic acid in therapeutics, may be mentioned its subcutaneous injection for the cure of intermittent fever, and of its injection for the cure of adenitis, erysipelas, arthritis and other local inflammations. It is asserted in a German journal that it immediately relieves the pain and quells the local fevers of these affections. Dr. Aufrecht, in the *Centralblatt*, speaks highly of the injection of carbolic acid in erysipelas. He says, "Not only were the erysipelatous swelling and redness rapidly dissipated, but the temperature, pulse and general health were remarkably improved." Carbolic acid, in aqueous solution, has also been given internally in the treatment of diabetes. It is relied upon to check the formation of fermenting principles, and in certain cases it has been of service in diminishing the amount of sugar in the urine. In other cases, however, it has proved ineffective.

Errata.—The following errata occur in the article in last month's issue on Injection of the Prostate, by Dr. Burt, page 131, 2nd col., 18th line, for "tonic" read "toxic;" page 134, 1st col., 25th line, for "prevalent" read "purulent;" 27th line, for "thing" read "theory;" 2nd col., 32nd line, for "ligation" read "injection;" page 135, 1st col., 34th line, for "their" read "this."

ACTION OF EUCALYPTOL.—This drug has been extolled as a febrifuge, but, according to the *Edinburgh Medical Journal*, Dr. E. Burdell does not think very highly of it. He considers that, as a febrifuge, it is slow and inconstant in its action, and in the treatment of ague he finds it in every respect inferior to quinine.

APPOINTMENTS.—Alexander McLellan, M.D., Amberley, Associate Coroner for the County of Bruce. Arthur Jukes Johnson, M.B., M.R.C.S., F.R.M.S., Yorkville, Associate Coroner for the County of York. Jackson Graham Davidson, M. D., Bowmanville, Associate Coroner for the United Counties of Northumberland and Durham.

DEATHS.

On the 25th Nov., of malignant sore throat, Sarah Ester, youngest daughter of Dr. Boddington, Sparta, aged 1 year 3 months and 10 days. Also on the 26th Nov., of convulsions following scarlet fever, Amy Winnifred, eldest daughter of same, aged 3 years.

On the 11th ult., Mary Willmette Ann, eldest daughter of Dr. Field, Woodstock, aged 11 years.

Also Alfred Headley, third son of same, aged 3 years.

Toronto Hospital Reports.

CASE OF LUPUS NON EXEDENS.

UNDER THE CARE OF DR. GRAHAM.

H. Mc., æt. 28, single, a sailor by occupation' was admitted into the General Hospital Oct. 12th, 1874. Parents alive and healthy; says he has never had any disease except intermittent fever. About 10 years ago he noticed a small pimple the size of a pin's head over the region of the coccyx, which would occasionally break out and then heal. This continued for three or four years, and then it began to spread, and has continued to do so ever since. It now covers both sides of the buttocks, and extends anteriorly around the hips into the groin, also along the perineum. The diseased surface presents a dark reddish fleshy appearance; is raised about ¼ of an inch above the level of the surrounding parts, and is everywhere studded with pustules. It is not very painful, feels spongy, and is attended with considerable itching at times. With the exception of this he seems to enjoy very good health; appetite good and bowels regular.

Treatment—℞. Pot. Iodidi grs. xxx., Syr. Ferri Iodidi, ℥ss., Tr. Gent. co. ℥ij., Aq. ℥viij—a tablespoonful three times a day. The local treatment consists in the application of Tr. Iodine, which, however, was found to produce too much irritation; zinc ointment and cod-liver oil. A lotion of lead and opium has also been used for some time. The case seems to be improving slowly under the above treatment.

CASE OF FAVUS.—P. J., æt. 22, was admitted into the Hospital Dec. 18th, 1874. Last Spring he had an attack of Typhoid Fever, and was attended in the Montreal General Hospital. About two months ago small yellowish crusts began to form on the crown of the head, and gradually spread over the entire scalp. The disease commenced in the hair follicles, and growing up spread around and formed small yellowish crusts. The hair became matted, and the scalp emitted the peculiar odor characteristic of this affection—a smell of mice.

Treatment.—The scalp was first soaked in olive oil, and then washed in castile soap and water. The hairs were then pulled out, and red precipitate ointment well rubbed in. Latterly the oleate of mercury has been used as an ointment. The case is improving.

PECULIAR CASE OF NERVOUS DISEASE, UNDER THE CARE OF DR. RICHARDSON.

H. H., æt. 24, a farmer, was admitted into the Hospital Dec. 29th, 1874. He had always been very healthy, until about two years ago he got wet, from which he took a severe cold; this was followed by loss of voice, due to paralysis of the nerves of phonation, and he has never been able to speak much since. About nine weeks ago he was seized with spasmodic contraction of the flexor of the left arm. This was preceded by pains at the elbow, and subsequently at the back of the wrist, ulnar side. His legs are also affected with slight spasmodic contractions, and as a consequence he walks with a peculiar springing gait. The family history could not be obtained.

Treatment.—Stimulating liniments applied to the limbs along the course of the nerves, and over painful parts, together with a liberal supply of good nourishing and easily digested food.

FRACTURE OF THE PATELLA.—W. C., æt. 28, laborer on board a dredging machine on the Welland Canal, was admitted Nov. 3rd, 1875. Some time in July last he was thrown from a buggy, alighting on his head and knee. When lifted up the patella was found to be broken across in the transverse direction. He was treated for about six weeks by some medical man in Welland, and then returned to his work. A short time afterward he slipped on the frost on the deck of the dredge, and fell breaking it a second time. This fracture is also in the transverse direction, the upper fragment being drawn up to a considerable extent.

Treatment.—He is placed on a firm mattress, with the fractured limb raised on an inclined plane at an angle of about 40 degrees. Strong and broad strips of adhesive plaster are applied to the integument above and upon the upper fragment, which is drawn downwards in apposition, and a figure-of-eight bandage applied to retain it in situ, and also to hold the strips of adhesive plaster firmly in place. Extension is kept up by means of a weight and pully, connected to the strips of adhesive plaster; a weight of about 12 pounds being sufficient for the purpose.

CASE OF POTTS' FRACTURE, UNDER THE CARE OF DR. CASSIDY.

T. M., æt. 40, laborer, of good family history; admitted Nov. 29th, 1874. The leg was fractured by attempting to kick a dog, but missed him and struck the stove. There was much deformity and great swelling when admitted. The leg was first placed on pillows, and extended until swelling was reduced, after which it was put up in a plaster-of-Paris bandage. The bandage is made of two plies of old blanket in the shape of a stocking slit open in front and stitched along the posterior part so as to form a sort of hinge. Plaster-of-Paris, mixed with water to the consistence of cream, is then laid on between the folds on each side and moulded to the form of the limb, and pared off in front so as to meet, and then allowed to harden. The stitching along the posterior part forms a hinge-like arrangement which permits it to be opened up at any time to examine the parts.

CASE OF CHRONIC LEAD POISONING.—T. C., æt. 31, laborer, worked at silver smelting in Wyoming Territory, U. S., and Fraser's River for about four years. He also worked for some time in the gold mines, Cariboo, previous to this; he was admitted into the Hospital, Toronto, on the 24th of June, 1874. He was first seized with paralysis about 17 months ago. It came on suddenly in both arms and legs. At the time of his admission he could scarcely walk. He had very little power of the hands or fingers, especially of the left side, and the muscles were very weak and flabby in both arms and legs. There was obstinate constipation of the bowels.

Treatment.—Occasional doses of calomel and jalap, followed by black draught, to unload the bowels, and Iodide of Potassium in infusion of calumba thrice daily, constitute the principal treatment.

Book Notices.

THE MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES, by S. W. Butler, M.D. Philadelphia: Price $6.00 American currency.

The above work is a very handsome volume, and comprises about 800 pages of closely printed matter. It is systematically arranged by States in alphabetical order, and contains the names and post-office addresses of more than fifty thousand physicians, with lists of medical societies, colleges, hospitals an other medical institutions, and abstracts of the medical laws of each State, notices of mineral springs, &c. The labor bestowed on the compilation of this book must have been very great, and no wonder the author's health gave way under such a load of work as this, together with his labors as editor of the *Med. & Sur. Reporter* entailed on him The work contains a fund of information regarding medical and charitable institutions of every kind, not to be found elswhere. It should find a place in the library of every medical man in the United States and Canada.

CROUP IN ITS RELATIONS TO TRACHEOTOMY, by J. Solis Cohen, Lecturer on Diseases of the Throat, Jefferson Medical College. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson. Price $1.00.

The Essay which forms this book was read before the Philadelphia Co. Med. Society, July 14, 1874, and referred by that Society to the Medical Society of the State of Pennsylvania. The latter Society ordered it to be printed in their transactions

for the year 1874. The essay is based on a careful study of the published records of more than 5,000 cases of Tracheotomy in Croup, performed in various portions of the world. In summing up the points discussed in the Essay, he draws the following conclusions :—

1. That there are no insuperable contra-indications to tracheotomy in croup ;

2. That the administration of an anæsthetic for for the purpose of controlling the child's movements is admissible in performing the operation ; but that it should be used with great caution ;

3. That a careful dissection should be made down to the wind-pipe, and hemorrhage be arrested before incising it, whenever there is at all time to do so ;

4. That the incision should be made into the trachea as near the cricoid cartilage as possible, to avoid excessive hemorrhage, and subsequent accidents which might occasion emphysema ;

5. That a dilator should be used, or a piece of the trachea be excised, whenever any difficulty is encountered in introducing the tube ;

6. That the tube should be dispensed with as soon as possible ; or altogether if the case will admit of it ;

7. That assiduous attention should be bestowed upon the after-treatment, especially that of the wound ; and that a skilled attendant should be within a moment's call for the first twenty-four or forty-eight hours immediately following the operation.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE, FOR THE USE OF PHYSICIANS AND STUDENTS, by James Tyson, M.D., with illustrations : Philadelphia, Lindsay & Blakison : Toronto, Hart & Rawlinson. Price $1.50.

A PRACTICAL TREATISE ON THE MEDICAL & SURGICAL USES OF ELECTRICITY, including Localized and General Faradization, Galvanization, Electrolysis and Galvano-Coutery, by Geo. M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D., New York. New York, Wm Wood & Co. : Toronto, Willing & Williamsom.

This is a second edition revised, enlarged and mostly re-written, and contains nearly two hundred illustrations. It comprises about 800 pages of closely printed matter, and is the most complete treatise on the subject yet published. It is divided into three parts, " Electrophysics," in which is discussed the science of electricity and galvanism, the different forms of batteries, the currents, &c. ; Electro-therapeutics," or its application to diseased conditions, and " Electro-surgery."

The book itself is well printed on good paper, and with clear new type—the more prominent points being set in italics. Those who wish to keep themselves posted on this branch of Therapeutics should not fail to secure a copy.

ARCHIVES OF ELECTROLOGY AND NEUROLOGY, a Journal of Electro-Therapeutics and Nervous Diseases ; for Nov. 1874. Edited by George M. Beard, A.M., M.D.

TRANSACTIONS OF THE AMERICAN OTOLOGICAL SOCIETY. 7th annual meeting, July 15, '74. Boston : James Campbell.

ON REFLEX IRRITATIONS throughout the Genito-urinary tract, resulting from contraction of the urethra at or near the meatus urinarius, by Fessenden N. Otis, M.D., New York.

Medical Items and News.

Dr. Adolphus (Chicago *Medical Examiner*), says : The time will arrive, and it is foreshadowed now in the practice of not a few practitioners, when the forceps will be used in cases where delivery would have terminated by the natural powers, whenever the second stage of labor ceases to be actively progressive. By this procedure much anxiety, pain and exhaustion is spared the mother. It is especially indicated in primipara, where owing to delay, so many children are still-born.

ABSENCE OF THE CORPUS CALLOSUM.—Dr Malinverni, Professor of Pathological Anatomy in the University of Turin, reports in the *Gazetta delle Clinichi* a case where there was no corpus callosum. The patient, who died of typhoid fever, was well known to have had well-developed intellectual faculties. The septum lucidum and the convolution of the corpus callosum were absent, and the lateral ventricles communicated freely with each other.—*Med. Record.*

ACCIDENTAL NEPHROTOMY.—The *Wiener Med. Woch.*, states that a man of twenty-five, having been stabbed in the left renal region, a fleshy tumour extruded through the wound by the act of coughing. This was found to be the kidney, which was eventually removed after a double ligature had been applied to the pedicle. The man did well.—*London Lancet.*

A HANDSOME MEDICAL FEE.—Dr. Waldau, of Berlin, assistant of the late Von Graefe, received 25,000 thalers from the banker Bleichroeder, for a cataract operation.—*Medical Record.*

A NEW CATARACT-KNIFE (*The Lancet*, Nov. 28, 1874)—C. Bader, Ophthalmic Surgeon to Guy's Hospital, gives the following description of a new knife, which has of late been used to obviate the inconvenience arising from the inward movement of the eyeball when commencing the corneal incision in the operation for cataract. It so thoroughly answers its purpose that it can be recommeuded in preference to other cataract-knives. If, standing behind the patient, we wish to operate upon the right eye with the left hand, two different knives—one for the right and one for the left eye—are required, unless the operator prefers using the right hand only, when the bent knife, used with the right hand for the left eye, may be used for the right eye also, commencing, however, the incision at the outer margin of the corner. By the employment of the bent cataract-knife, commencing the incision at the inner margin of the cornea, great control is obtained over the movements of the eyeball, whether the incision be made upwards or downwards. The natural inclination of the eyeball to roll inwards towards the nose when operating in the usual manner, instead of being a source of trouble, becomes a help by the use of the bent knife. The blade is somewhat wider than that of Von Graefe's knife, the point is in a line with the back, and the blade is bent away from the handle in such an angle as to admit of easy access to the inner (nasal) margin of the cornea.—*Med. Times, Philadelphia.*

SULPHO-CARBOLATE OF ZINC IN PRURITIS.—Mrs J. G. Brown, M.D., of the Illinois Women's Hospital. (*Med. Examiner*,) recommends as an effectual remedy for obstinate pruritis of the vulva, a solution of sulpho-carbolate of zinc, 30 grains to the ounce of water. After washing with warm water, the solution is applied and left to dry. The application may be made twice a day, to begin with, afterwards once a day, or two or three times a week.

THE UNIVERSITY OF VIENNA.—The total number of matriculated students in the University of Vienna during the year 1873-'74 was 7,526; of whom 1,109 were medical students in the winter session, and 1,036 in the summer session. The number of new entries in the medical department was 194. Among the largest medical classes were those of Profs. Brucke (885); Hyrtl (680); Bamberger (540); Billroth (509); Dumreicher (495); Rokitansky (354).

ONYCHIA MALIGNA AND INGROWING NAIL FINGERS.—Both of these troubles can be relieved by the local application of powdered Nitrate of Lead, to the inflamed and ulcerated part. But few applications are needed, about once in three or four days. The projecting edge or edges of nails should first be clipped away.

WHOOPING COUGH.—Dr. Wilde (*Deutsches Archiv*), claims that he can cure every case of whooping cough within eight days, by the following mode of treatment :

The patient should be kept in-door to avoid exposure to cold. Then, at the commencement of of every paroxysm, a teaspoonful of the following mixture :

℞—Chloroformi,	f ʒi.
Æther Sulphur,	f ʒij.
Ol. Terebinth,	f ʒiij.—M.

is poured on a cloth and held about two inches from the mouth of the patient till the paroxysm subsides.—*Chicago Medical Examiner.*

REMEDY FOR DYSMENORRHŒA.—Dr. Edis recommends in some cases a suppository of half a grain of morphia with one-seventh of a grain of atropine inserted at bed time in dysmenorrhœa. This, he says, will often allay the most severe pain, and enable the patient to procure sleep, when otherwise she would have passed the night in agony, the stomach itself refusing to absorb anodyne mixtures, rejecting them as soon as swallowed, and thus cutting the patient off from the ordinary means of relief. In other cases of dysmenorrhœa he recommends an enema of water as hot as the patient can conveniently bear, combined or not with half a drachm of laudanum.—*Medical Press & Circular.*

The Drs. Mayencon and Bergeret have announced in *La France Medicale*, as the result of extended observations in regard to the action of arsenic and antimony upon the organisms of men and animals, the following general conclusions :

1. Arsenic is absorbed and diffused in the organism with very great promptness. Elimination through the urine takes place immediately; but more is eliminated by the liver than by the kidneys.

2. Antimony is absorbed and diffused more slowly. Urinary elimination rarely begins on the first day; but more is carried off by the liver than by the kidneys.

A NEW CAUSE FOR BLUE (LEAD) LINE ON GUMS.—A writer in the London *Lancet* asserts that the constant use of powdered charcoal as a dentifrice will produce a blue line on the gums, closely simulating that of lead-poisoning.—*Medical Record.*

The *Liberal*, a new Reform paper, has been started in Toronto by Messrs. Cameron & Co., of London, editors and proprietors of the London *Advertiser*. We gladly welcome this new paper to our exchange list, and wish the proprietors success in their new and promising enterprise.

THE CANADA LANCET:

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Original Communications.

TWO CASES OF TETANUS, FOLLOWING FROST BITE.

UNDER THE CARE OF DR. BETHUNE, TORONTO GENERAL HOSPITAL.

The first case was that of D. M., a farmer from the County of Wellington. His general health has always been good, and he has led a temperate life.

On the 9th of January ult., while on the road with a load of lumber, during which time he was exposed to very intense cold for about three hours, his feet and fingers became severely frost-bitten, the former especially. He was not aware of what had occurred until he went home, and attempted to remove his boots. Failing to do this, he *thawed* them off, and applied coal oil and turpentine. He found that the fingers of both hands were frozen on the dorsal surface rather superficially, and that the toes of both feet, and one half of each foot were completely destroyed.

He was admitted into the Hospital on the 13th of January. His chief complaint was pain of a very severe character in his feet. He was somewhat feverish on admission. The toes and a greater part of both feet being in a moist gangrenous condition. The fingers and parts of both hands, on dorsal surface black and dry. He was ordered Bread 1 lb., Beef ½ lb., Milk Oj., Potatoes 4½ lbs., Whiskey ℥vj. Nothing occurred of any importance until the evening of the 17th ult., when he had rigors, and he slept very little the night following. The pulse gradually increased in fulness and frequency (84) till the morning of the 21st, when he noticed stiffness of the muscles of the neck, and of the lower jaw; he also swallowed and spoke with difficulty. He could open the jaws sufficiently to protrude his tongue slightly. The feet and hands sloughing, urine scanty and high coloured, and passed with difficulty. He was ordered 30 grains of chloral hydrate, to be taken immediately, also a hypodermic injection of ¼ of a grain of the alcoholic extract of calabar bean every hour. The latter was repeated till nearly 5 grains had been consumed, without effect. He slept a short time after taking the chloral hydrate, the spasms continuing nevertheless during the night, the abdominal muscles being tense, and the patient complaining of inability to swallow. There was difficulty of breathing at this time, and a peculiar rattling in his throat from accumulation of mucus. The intellect remained clear. The calabar bean was now given up, and morphia ordered to be administered hypodermically,—1 grain at the beginning, and ½ grain subsequently, every hour.

He died about 30 hours after the accession of tetanic symptoms; the surface being bathed in cold, clammy perspiration, the face livid, and the eyes turned upwards. There appeared to be no effect produced upon the pupils.

The next case was that of L. S., æt. 28. He had undergone many reverses, having not many years ago occupied a very respectable position in London, England, but since emigrating to America he has been a common labourer. He first went to the United States; unmarried; general health fair till date of his present misfortune. Has had syphilis.

He left Woodstock with the intention of proceeding to Toronto on foot, about the 5th of Jan., ult., and on the 8th, having had no food or shelter for two previous days, and being quite exhausted he took refuge in a barn where he laid down helpless, his only covering being straw. He felt his feet numb, and called at a farm house the next morning to remove his boots. He failed to do so and was ignorant of what had happened until his boots had been cut off. The people about him applied snow and bathed his feet in cold water for five or six hours.

When admitted into the hospital on the 13th of January, both feet presented a dark lurid hue, the line of demarcation existing between the dying and living tissues, immediately above the ankles. There was a sense of tingling in the frozen parts, and he could walk without pain, except at the ankles. He is sleepless from exhaustion; the tip of his nose is also frost-bitten; pulse 120; tongue clean; no

On the evening of the 19th of January I was called to visit Willie Hooker, a lad aged nine years, who, while riding on his hand-sled behind a passing omnibus, lost his grasp of the projecting step, and before he could get out of the way was run over by a sleigh a short distance in the rear. Beyond a lacerated crescentic wound on the inner border of the gastrocnemius muscle, from the horse's foot, he received no other injury than a severe bruise of the fleshy parts. As there was great tenderness of the whole leg I ordered warm water dressings, and deferred until the next morning bringing the gaping edges of the wound together by sutures. The following day, assisted by my son, who although not a medical student, has proved on several occasions to be reliable, I administered a drachm of chloroform, and after an interval of several minutes finding that no evidences of his being brought under the influence were apparent, I poured another drachm on the sponge; this, after a short time, seemed to have produced the requisite degree of anæsthesia, but on handling the leg preparatory to putting in the first suture, he screamed and struggled violently, so that before complete insensibility was produced I had to administer a third drachm. Very shortly after the limbs became relaxed and complete anæsthesia established. The sponge was then given to a Mrs. Garland, a neighbor who had kindly taken the mother's place—with instructions to keep it a short distance from the nostrils. Four sutures were quickly put in and the edges drawn together, a wet compress placed over the wound and a bandage lightly applied. On asking for a pin to fasten the terminal end of the bandage, Mrs. G. in handing one to me dropped the sponge, and to my horror I discovered there was no evidences of breathing, and no pulse at the temple or wrist. The boy was lying on a sofa, so it was only the work of an instant to place his head on the floor, and direct my son to hold his legs in the perpendicular position. An elder brother sitting by a window was directed to throw it open; cold water at hand was dashed on the face, and fortunately without difficulty I was enabled to grasp and keep protruded the tongue with the thumb and finger of left hand; with my right I made pressure alternately on the thorax and abdomen, whilst Mrs. G. quietly and intelligently elevated and depressed the arms, settling to the work as coolly as if she had been a member of the staff of the Royal Humane Society for years, neither by word nor sign giving evidence of trepidation. On such alarming emergencies it is difficult rightly to estimate the lapse of time, but certainly the most wretched quarter of an hour I ever experienced appeared to elapse before there was the least appearence of animation. My son's estimate was over twenty minutes. The first attempt at inspiration was of the feeblest, gradually succeeded by more vigorous ones; vomiting then ensued. In attempting to slightly turn and elevate the head so as to guard against the vomited matter that filled his mouth regurgitating into the trachæa, I lost my hold of the tongue, and the jaws instantly closed like a vice; all attempts at prying them open failed, and again I feared the case would prove hopeless. To my inexpressible relief another faint attempt at vomiting occurred with complete relaxation of the jaws; the tongue was instantly again grasped, and held firm until the breathing was completely established, pulse perceptible, and alight coloration of lips and face returned. For another five minutes he was kept inverted, the nostrils cleared of vomited matter, and friction of the chest with a dry towel employed; he was then replaced on the sofa, made reclining at an acute angle by placing one end on a chair, and in a few minutes we became jubilant. The boy opened his eyes, moved his head to one side, and fell into a calm sleep; this continued for more than an hour, when he awoke conscious. There is little doubt in my mind that if artificial respiration in the horizontal position had been solely relied on, our efforts would have proved futile.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I desire to furnish a somewhat striking and actual illustration of the truth of the concluding remark in Dr. Clarke's communication to you, and which appears in the LANCET for February, viz.:—"As it is now, our worst foes are those of our own household." It may not be amiss at the same time to express the hope that a full and satisfactory explanation can be given of what is complained of.

During 1874, central Ontario was visited by a perambulating quack, styling himself "Edward S. Franks, M.D., Lecturer on the Anatomy and Physiology of the human Eye and Ear, their diseases in

12 P.M. Pulse 84, complaining of great pain and constant desire to make water. Drew off a small quantity of urine with the catheter.

20th, 8 A.M. Pulse 104; tongue dry. 12, noon, pulse 120; tongue moist. 6 P.M., pulse 125. 11 P.M., pulse 132; tongue dry. Great pain all day and constant desire to pass water. Morphia given every three hours in doses of one-third of a grain.

21st, 8 A.M. Pulse 120; tongue moist; pain gone; desire to pass water not pressing. Discontinued morphia. 1 P.M., pulse 125; 6 P.M., pulse 120; 12 P.M., pulse 120. Patient slept a little.

22nd, 9 A.M. Pulse 112; 4 P.M., pulse 125; 6 P.M., pulse 132; considerable vomiting: 11 P.M. pulse 116; gave morphia and bismuth, vomiting stopped and patient slept.

The progress of the patient after this time was most satisfactory. On the 5th day the bowels were moved by enema, and on the sixth day I removed one needle, and those remaining on the eighth. On the twelfth day the patient sat up, and for the first time since the operation passed water without the catheter.

On the seventeenth day one ligature came away, and on the twenty-eighth she went home in a sleigh, a distance of eighteen miles, expressing herself as feeling quite well.

Remarks.—The above case presents at least one point of importance. Before the tapping the tumor was quite moveable, being non-adherent; after the tapping it became immovable and adherent over two thirds of its surface. The adhesions were recent, and I feel satisfied were caused by the escape of fluid into the abdominal cavity through the puncture made by the trocar; as a result adhesive inflammation was set up. The trocar used was a very small one, and the usual precautions were adopted. The point to be considered is whether it is good practice ever to tap in a case where ovariotomy is possible. It would seem from the above case that tapping may complicate matters seriously; indeed such a degree of inflammation may be set up as to destroy life, and one may well ask for what prospect of benefit? It does not seem that a real case of ovarian tumor ever was cured by tapping; the patient is weakened, the radical operation may be complicated or life itself be destroyed, and there is no advantage to be gained sufficient to counterbalance such serious drawbacks. For myself I shall in future be in favour of operating without a resort to tapping previously.

SUCCESSFUL CASE OF RESUSCITATION FROM CHLOROFORM NARCOSIS.—NÉLATON'S METHOD.

BY CHARLES WM. COVERNTON, M.D., M.R.C.S., ENG.; L.C.A., SIMCOE, ONT.

Whether Nélaton's theory that chloroform narcosis results from anæmia of the brain be correct or not, the fact is unquestioned that the circulation through the capillaries of the brain is sometimes retarded under the influence of narcotics. Dr. Snow's experiments have demonstrated that chloroform, ether, and probably all narcotics have the power of suspending muscular irritability, and Prof. Alison has shown that the functions of the various organs of the body are accompanied by a force which aids the capillary circulation, and on the function of any organ being interrupted the circulation through it is retarded, as is seen in the most striking manner in the lungs during asphyxia. For the constant action between the oxygen of the arterial blood and the brain there is required a never ceasing current of blood, and when this is interrupted in any part of the brain it is clear that there must be interference with the process of oxidation. From these premises Dr. Snow argued that it does not signify whether there is increased or diminished pressure in the cranium, or whether the quantity of blood in the brain is more or less than natural—that the relation between asphyxia and narcotism is this—that in asphyxia there is an absence of oxygen, whilst in narcotism the oxygen is present, but is prevented from acting by the influence of the narcotic. With this close affinity between asphyxia and narcotism there is a great similarity in the phenomena of the two conditions, the different parts of the nervous centres losing their power under the influence of chloroform and ether in the same order as in asphyxia. The action of the heart continues in asphyxia after the muscles of respiration have ceased to contract, and this is the case under chloroform narcosis. Without pretending to form an opinion of the correctness of these theories, it is yet obviously the duty of the practitioner when suddenly confronted with the imminent peril of chloroform narcosis, to practise the treatment of Nélaton, the success of which has been so frequently recorded, and equally obvious, to communicate to the profession the successful result. With this conviction I forward for publication in the *Lancet* the following case:—

appetite; bowels regular; skin hot and dry. He was ordered the same diet as the last patient, and had a stimulating lotion applied to the injured parts. Two days after admission both legs became swollen and very painful, signs of erysipelas being apparent in the left leg from the ankle to a part below the knee. To this a lead lotion was applied. Rigors now set in; complete loss of appetite; no sleep; pulse 132. Ordered ℥ss. of the following mixture every 4 hours: Quiniæ Sulph. ʒss., Tr. Ferri Mur. ℥ss., Aquæ ad. ℥viij.

Nothing of particular note occurred till the morning of the 22nd, when symptoms of trismus presented themselves; stiffness of the neck, and jaws, and inability to speak or swallow with any facility; abdomen tense; urine scanty. He was ordered hypodermic injection, one grain of morphia to begin with, and ½ a grain subsequently every hour. This was kept up until a short time before he died, up to which time his intellect remained clear. He lived nearly thirty hours from the time tetanic symptoms first declared themselves.

This man was examined *post-mortem*. The usual signs of congestion were observed in most of the viscera, including the brain and its membranes. The posterior surface of the spinal cord was also congested. The blood throughout the body dark venous.

There were signs of bronchitis purulent matter oozing from the tubes when cut. The right ventricle was full of dark venous blood, and contained a large clot of fibrin.

On opening the abdomen, bloody serum was found between the rectus muscle and peritoneum. The peritoneum was congested underneath the extravasation; spleen slightly amyloid. The rest of the abdominal organs, so far as examined, showed signs of congestion.

CASE OF OVARIOTOMY.

BY A. GROVES, M.D., M. C. P. S., FERGUS, ONT.

In September, 1874, Mrs. Robert Smith, of Maryborough, consulted me with reference to an enlargement of the abdomen which she had first noticed about eighteen months before. It began as a circumscribed and moveable tumor low down in the right side of the abdomen. She had consulted several physicians, and was treated for some months by one of them for "dropsy." The treatment adopted caused considerable emaciation and a marked diminution, not of the tumor, but of the patient's strength.

On making a careful examination I found a purely ovarian tumor which did not seem to have many adhesions, and was, as far as I could judge, monocystic. I explained to her that the only hope of curing her was by operating, but from this she recoiled, and at her earnest entreaty I tapped the tumor on the 29th September. The fluid rapidly re-accumulated, and she finally determined to run the risk of having the tumor removed; but I now found that it was apparently bound down almost everywhere by adhesions.

On the 19th of December I proceeded to operate in the presence of Drs. Pentland of Elora, McKinnon of Charleston, Thom and Tamblyn of Douglas, Orton, Griffith and Alexander of Fergus. The patient having been put under the influence of chloroform, an incision, begining about an inch below the umbilicus and extending to the pubes, was carefully made, through the abdominal walls. It was now found that the adhesions were very extensive not only to the abdominal walls but also to the intestines. The adhesions were however almost all recent and easily broken down, and the fluid having been evacuated the sac was withdrawn. Considerable trouble was found in managing the pedicle, for it was very short and thick. First a cat-gut ligature was passed through it, and an attempt made to tie it in two parts, but the ligature broke and then it was tied in several parts with silk ligatures. The pedicle being now secure was returned to the abdomen, and the ends of the ligature brought out at the lower angle of the wound. The abdominal cavity having been carefully sponged out, the edges of the wound were brought together by steel needles silver-plated, passed through the whole thickness of the abdominal wall, including the peritoneum. A rubber drainage tube was placed in the wound, as in my first operation. A bandage was now put on and the patient put to bed; the whole operation having lasted an hour and a half. The estimated weight of the tumor was 20 pounds.

When reaction began to set in one-third of a grain of morphia was given.

At 6 P.M. she had pretty well recovered from the effects of the chloroform. Pulse 80.

general, and on the use and abuse of spectacles, late Optician, Oculist and Aurist to the Royal Eye and Ear Infirmary, etc., etc.," with all the rest to correspond—sufficient for the merest tyro to stamp him as a peripatetic imposter. Now this fellow used in the printed matter circulated about here the names of eighteen medical men, and by this means succeeded in foisting himself upon the public. I append a document which speaks for itself:

"To Edward S. Franks, M.D. Sir,—We, the undersigned Physicians, having seen high testimonials of your abilities as a Lecturer, and capacity as an Optician, will esteem a favor your delivering a public lecture on the Anatomy and Physiology of the human eye, and on the use and abuse of Spectacles. It will benefit the community by instructing them of the dangers of using improperly adapted Spectacles, and the benefit of wearing proper ones, at the same time disseminating information on the functions and formation of the delicate little organ —the Eye." * * *

This is signed by nine members of the college of Physicians and Surgeons of Ontario, among the number the President, two Ex-Presidents, a Territorial and a University representative of the Council, Professors in Colleges, &c.

Following this, among a list of Lawyers, Senators, Magistrates, Clergymen and others, there appear the signatures of nine additional members of the college whose names are used as "References."

Now, sir, I would like to know what we poor fellows of the rank and file are to do with quacks, when, to the general negative apathy of the Medical Council complained of by Dr. Clarke, there is added the effect of the positive combination of prominent members of the Council, Professors in Colleges, and registered practitioners, by the half dozen to help on a lecturing and advertising humbug; when, sir, the very title of honor given them (worthily it is to be hoped), by the profession, are to be used to give emphasis to the published testimonials of a travelling charlatan, and besides wishing him God-speed, to seek actually the "favor" to *introduce* him to the public gaze. Some of the members would not stop at allowing the use of their names as references, but appended their names to separate and laudatory testimonials, which can be given, but your readers have had enough.

A. HAMILTON.

Millbrook, Ont.,
15th Feb., 1875.

To the Editor of the LANCET.

SIR,—Dr. Oldright's interesting case of Aneurism successfully treated by digital pressure, page 167, suggests the desirability, if not the possibility, of other means of compression than the fingers of assistants who were changed every 10 or 20 minutes. At page 161 a case is given where steady mechanical pressure was maintained for several weeks to preserve the edges of a wound in apposition, with the object, successfully accomplished, of obtaining union of the tendons on the back of the hand. The pressure was certainly only gentle, but the same principle might easily be adopted where greater is required. Suppose an aneurism of the femoral artery, the thigh would be held steady by a mailed splint for a fractured femur, and steady pressure on the artery could then be obtained by a ribbon of copper bridging over the thigh, and screwed at both ends to the splint, so as to have an unyielding base for the last part of the apparatus, another copper ribbon soldered to it somewhere about a right angle; the loose end of this latter might be adjusted to press upon the line of the artery with any degree of force, and, as in the case referred to, the pressure made to resemble that of the finger by the intervention of a piece of caoutchouc.

Yours, &c.,

WM. KERR.

Braehead, Galt, 15th Feb. 1875.

Selected Articles.

TO PREPARE URINE FOR EXAMINATION FOR CASTS.

[Dr. Tyson in his recent work on the urine, gives the following direction for preparing urine for examination for casts:]

"The greatest caution should be exercised in examining urine for casts. They are often so sparsely present as to furnish no deposit appreciable to the naked eye, and yet may be found by careful microscopical examination. While it is not impossible for non-albuminous urine to contain casts, yet I have never met them, except perhaps in a single instance, where albumen and casts having been present, in their gradual disappearance the signs of the presence of albumen disappeared before the last casts had been washed out. On the other hand the presence of albumen means casts in the vast majority of instances, and many times I am certain they are declared absent simply because they are not

carefully sought. Not a single slide should satisfy the examiner, but two or three should be carefully studied throughout the entire field. Nor is a plain side sufficient. Urine should be examined in shallow cells, and as those of thin glass are generally too deep, the best are made with gum dammarra or Bell's cement, by means of a turntable and brush, since in this way they may be obtained sufficiently shallow to allow them to be penetrated by an ordinary one-fifth or one-fourth objective. After being made they should be put away for a month a more, to thoroughly dry and harden, else they are washed off with the first cleaning of the slide.

Most casts from their lightness subside slowly, and the more so because the urine is albuminous. As soon as received, therefore, the bottle of urine should be shaken up, poured into a conical glass and carefully covered. Although casts generally fall to the bottom in a shorter time, I have known twelve hours to elapse before one could be discovered, and therefore, whenever it is possible, urine should be allowed to stand for this time in a conical glass, and examined the next morning. If the urine has already been standing for some time, the supernatant fluid may be removed, and only the lower strata, containing the sediment, turned into the conical glass, and allowed further to subside. A pipette, consisting of a plain glass tube, drawn nearly to a point, should then be carried to the bottom of the glass with the index finger pressed upon the distal end. When it has reached the bottom, the finger should be raised for a second only, and quickly returned. In this manner only the lowest drops are obtained, which are most likely to contain the casts. A drop of this fluid is allowed to fall into one of the shallow cells, covered with a thin glass cover, and carefully examined with a one-fourth or a one-fifth object-glass, and the A eyepiece. Only the beginner need be cautioned against linen and cotton fibre, hair, or portions of dealwood. More likely are the mucin flakes and castlike granular aggregations of inorganic and organic matter to mislead.

Spermatozoids frequently occur in the sediment of urine of healthy individuals. When abundant they form a slight flocculent cloud, but there is generally nothing in the appearance to cause their presence to be suspected. They require a power of 400 diameters (one-fifth with the B eyepiece) to show them well, when they may be recognized by the oval head or body, and the delicate, tail-like projection emanating from it. They no longer exhibit their vibratile movement after entering the urine. Their recognition is most interesting in connection with medico-legal cases—cases of suspected rape. Their presence in vaginal mucus soon after coition and in stains upon linen, is easy of demonstration. In the former case a drop of mucus from within the vagina is placed upon a slide, a drop of water added if necessary, covered with a thin cover and examined with the microscope. In the latter a piece of the stained linen may be soaked in water or in artificial serum in a watch-glass for half an hour or an hour, and the sediment examined. —*Medical News, Cin.*

THE USE OF THE OLEATE OF MERCURY.

This preparation is at present employed in the syphilitic wards of the Vienna General Hospital, and is used strictly in accordance with the rules laid down by Professor V. Sigmund in reference to mercurial inunction. So far 51 patients affected with syphilitic skin diseases have been subjected to the oleate of mercury inunction cure. From fifteen to thirty grains being rubbed in daily by each patient. In most of these cases the treatment was commenced immediately on the appearance of the eruption, without previous, or simultaneous general medication. In seven cases some form of iodine had been previously administered; in two the mercurial ointment friction cure had been commenced; and in one case iodine had been given in addition to inunction with mercurial ointment. Thirty-seven of the fifty-one cases were afflicted with syphilitic erythema in one or other of its several forms, and the remaining fourteen cases with papular syphilides.

The results of treatment were as follows: In the fresh forms of the erythematous syphilides, the average number of inunctions necessary to cure, was eighteen, the eruption disappearing about the twenty-first day after the commencement of treatment, the induration at the seat of the primary affection, as a rule, being perceptible a week longer. In those cases which had been previously subjected to a course of iodine, the eruption disappeared more rapidly; still more rapid was the cure in those cases in which mercury had been already used. Dr. Vajda, in view of these results, maintains that the oleate of mercury is a more efficient preparation than the mercurial ointment, the general effect of the remedy often showing itself with astonishing rapidity. Stomatitis, the result of the oleate of mercury friction cure, was never observed, neither did this treatment give rise to eczema, and twice only was a moderate erythema produced.

Martini, who had employed this preparation in forty cases, reported five relapses; this, however, Dr. Vajda very pertinently remarks, is due, not to any inefficiency of the remedy, but must be ascribed to the great obstinacy of the disease. Among the fifty-one cases treated by Dr. Vajda, as above set forth, three only returned subsequently with a renewed attack of the old disease, in the form of mucous patches.

The oleate of mercury penetrates the skin much more readily than the mercurial ointment; the time occupied for introducing equivalent quantities of

each being as one to four. To testify himself that the effect corresponded with the rapidity of introduction, Dr. Vajda procured some fresh, clear lymph, and added to this a little oleate of mercury; in a short time he was able to demonstrate, in the still clear supernatant stratum of the lymph, the presence of mercury, a fact which is indicative of the rapid transformation of the oleate into a soluble albuminate of mercury.

The examinations of urine from patients under this treatment, gave negative results, owing to the circumstance, Dr. Vajda claims, that the specimens of urine were collected too early in the treatment, (within the first forty-eight hours,) before the tenacious mercury albuminates would be converted into excretable compounds.—*Medical News, Cin.*

THE PATENT MEDICINE BUSINESS IN DANGER.

Dr. Dyrenfurth, lately appointed Principal Examiner U. S. Patent Office, has refused a patent to a medicinal combination, which is simply a mixture of known medicines, and has given his reasons in full for so doing. Heretofore there has been no difficulty in obtaining patents for all such compounds. But if the decision of the new Examiner be sustained, it will throw a serious impediment in the way of flooding the country with offensive nostrums by governmental aid. Dr. Dyrenfurth presents his argument in this language:

"Such patents have, it is true, been granted, but it is not too late to stop. 1. (Having reference to this particular case and others where mixtures are called compounds.)

"Each one of a number of ingredients being used alone to attain the result which it is said a mixture of all will produce, or even separate ingredients being put into a mixture to perform separate functions, or meet separate indications within the human body, a mere mechanical assemblage of such ingredients, there being no chemical union, is not a novel and patentable compound.

"2. There is no invention in mixing a number of drugs, all of which have been used alone to produce the result wrought.

"It may be claimed that invention is unnecessary in a composition of matter, that the spirit of the law does not require it, that inasmuch as section 24 provides that any person who has invented or discovered any new or useful art, machine, manufacture or composition of matter, may, under certain conditions, obtain a patent therefor, the term discovery applies to compositions, *inventions* to the rest. Yet, even if this be the case, and while the difference between *invention* and *discovery* may be that, under the former a new thing is created, under the latter something already existing is found, which produces novel and unexpected effects in a line not analogous to anything to which the thing has been applied before, even if this be the case, I say, applicant has done nothing to entitle him to a patent, for he has not even made a discovery. His ingredients but perform their well-known functions. Generally, however. the term 'discovered' has no force, except when its meaning is synonymous with that of invented.

"3. To write a prescription is again not invention, nor yet a patentable discovery, but rather a matter of skill.

"The tyro in medicine is taught the effects of the various remedies, and is told that he may mix or combine certain of them. He is taught furthermore, how, under the various complications of disease, a number of drugs may be simultaneously indicated and administered. A complication, or even a single symptom, arising to him where the skill of the physician would point out to him that a number of drugs were necessary, his prescribing these, mixing them in *any* required proportion and exhibiting them, would be ascribable to such *skill*, but would not be *invention*.

"4. The granting of patents upon the various prescriptions is pernicious, first, because the same nostrum cannot be taken with benefit by all persons, even for the same disease, *i. e.*, the one disease, (they are usually sold to cure a score, the absurdity of which ought to be apparent to every one) difference in diathesis requiring different remedies; such patents thus generally inure to the benefit of one (the patentee) and the misery of many; and, secondly, for the following reason: A certain mixture of well-known drugs being indicated, the *already existing knowledge* (his schooling) of the physician of such fact should not be trammeled by the further fact that some interprising individual had already taken to himself a monopoly (that is a grant which restrains others from the exercise of a right or privilege which they had before the grant was made) of just this mixture, in contravention of public policy and the welfare of man.

"5. And, finally, if this or any other prescription be an invention, then the thousands of physicians throughout the world must make thousands of patentable inventions every day, an *invention* being thus, in fact, unfolded to mankind every time an original prescription is written by a competent leech."—*Pac. Med. and Surg. Jour.*

ON THE MINUTE PATHOLOGY OF ENTERIC FEVER.

[Dr. Klein has kindly furnished us with the following note, translated from the *Centralblatt fur die Medicinischen Wissenschaften*, Berlin, 1874, Nos. 44 and 45, in which it first appeared].

1. Sections through the hardened ilium of persons who have died in consequence of enteric fever, show that there takes place an abundant absorption of peculiar organisms by the lymphatics and venous vessels of the mucous membrane over and around and the Peyer's glands.

2. In the earliest case I have examined (seventh day from the day on which headache came on), Lieberkuhn's crypts contained in their lumen peculiar greenish-brown, generally spherical, bodies of various sizes: the largest being twice and three times as large as a human coloured blood-corpuscle; the smaller ones only one-half or one-fourth as large. They are generally densely crowded together, and appear then of a dark olive-green colour. At the margin of such clusters, where they lie more isolated, numerous kidney-shaped or hour-glass shaped forms are to be met with, thus indicating a rapid division. Similar bodies are to be found in the tissues of the mucous membrane, where they appeared to be enclosed within the lymphoid cells of the adenoid tissue. They are also contained in the venous vessels, and occasionallv in a lymphatic space. In the former, they undergo rapid division in two and three, whereby they gradually split into smaller granules—micrococci, which are of a yellowish-green colour. These micrococci are arranged either as dumb-bells, or as necklaces of four and more joints, or they form true zoogloœ. Finally, these micrococci stand in a genetic relation to a myeelium, the filaments of which are branched, apparently smooth, and of a yellowish-green colour. (Similar observations I have published in a paper on sheep-pox, read before the Royal Society).

The organisms just mentioned are to be met with, not merely in the neighbourhood of Peyer's glands, when moderately swollen, but also in portions of the intestinal mucous membrane, which, on macroscopical inspection, except a slight general swelling, do not present any marked changes; microscopical observation shows, however, also here, changes in the lymph-follicles of Peyer's glands, which will be described hereafter. Besides these organisms mentioned above, there are also found lumps of the micrococci, as before mentioned, penetrating from the free surface through the epithelium into the substance of the mucous membrane, especially into the Lieberkuhnian crypts, and hence into the lymphatic spaces surrounding the latter.

3. In a case more advanced (twelfth day), I found exceedingly large quantities of micrococci penetrating from the free surface of mucous membrane into the tissue of the latter and into the Lieberkuhnian crypts, and hence into the lymph-spaces and venous vessels; this was the case, not only with the mucous membrane around the Peyer's glands, but also with parts of the mucous membrane that were somewhat remote from these glands, and which did not show marked changes on macroscopical inspection. Where these micrococci form close groups, in and around the Lieberkuhnian crypts, they appear of a rather yellowish-brown colour.

4. In another case, still more advanced (sixteenth day), I met with the same relations; the number of micrococci being however, much smaller.

5. The lymph-follicles of the Peyer's glands showed, in the first case, (seventh day), a peculiar change, consisting in the centre of the follicles being converted into a spongy mass, owing to their blood-vessels being surrounded by spaces, lined by the adenoid tissue unsheathing the blood-vessels. The lymphoid cells of the adenoid tissue were transformed into large granular corpuscles containing two to five and more nuclei, which very much resembled the nuclei of "endothelial cells. In some of the lymph-follicles, I found true giant-cells.

In the latter stage (twelfth day) also, the mucous membrane showed similar changes; the limphoid corpuscles of its adenoid matrix being transformed into large, coarsely granular cells, containg either one large vesicular or constricted nucleus, or several such nuclei. Some of these cells possessed a vacuole, containing two or three small spheroidal nuclei. Similar cells were found in the venous vessels of the mucous membrane and the submucous tissue, as well as in the lymphatics of the latter.—*Brit. Med. Journal.*

DEATH FROM METHYLENE.

On Dec. 17, a death occurred at the Royal London Ophthalmic Hospital from the administration of bichloride of methylene. The patient was a woman aged twenty-five, suffering from fistula lachrymalis and caries of bone in the neighhourhood of the lachrymal sac. A week previously the upper canaliculus had been laid open, together with a part of the outer wall of the sac, and a probe of large size was passed down the duct through an obstruction at its upper part. On that occasion the patient took methylene without any unfavourable symptom. On Tuesday two attempts were made by Mr. Couper to pass the probe, but as the patient seemed unable to endure the pain, it was thought advisable to have recourse to an anæsthetic. Bichloride of methylene was administered in the usual way by Mr. Buller, who for the last two years has been accustomed to administer this agent almost daily at the hospital, by means of a perforated leather inhaler covered with flannel. Three drachms by measure were poured into it (the ordinary quantity for an adult being four drachms). At the end of about two minutes after the inhaler had been placed over the mouth and nose of the patient, her breathing suddenly became loud and stertorous. The anæsthetic was at once discontinued and the operation commenced. When the inhaler was removed the lips and cheeks were ruddy, but an unusual pallor of the alæ of the nose

and skin around the mouth was noticed. The respiration, however, continued deep, full and exaggerated. The inspirations were accompanied by loud palatal stertor, and the nostrils were observed to be flaccid, but there was no impediment to free access of air to the lungs. Some seconds afterwards the pulse at the wrists rapidly failed, and then ceased almost suddenly, but the respiration continued for some time, and then failed rather suddenly. The tongue was immediately dragged forward with forceps, and artificial respiration, by Silverster's method, established. The lower limbs and pelvis were at the same time gently raised from the couch, so as to favour gravitation of blood towards the brain. The face and breast were smartly slapped with a wet towel, and ammonia was applied to the nostrils. A strong solution of brandy and ammonia was thrown into the rectum as soon as possible, but was imperfectly retained, owing to relaxation of the sphincters. Artificial respiration was continued for forty minutes, but, with the exception of two or three sighing inspirations at intervals within the first few minutes, no sign of returning life was shown.—*Lancet*, Dec. 19, 1874.

In the succeeding number of the *Lancet*, in commenting on this case, Mr. George Pollock asks the very pertinent questions: "Is it not time that the profession should determine to discountenance and discontinue the use of chloroform and other dangerous anæsthetics, and have recourse alone to the administration of ether in operations of any duration?"

"If chloroform often kills, if bichloride of methylene is occasionally fatal, if the inhalation of ether is safe, is it not almost criminal to have recourse to the use of anæsthetics known to be attended by risk, in preference to one in which there is comparatively no element of danger?"

We are glad to learn from Mr. Pollock that, in his private practice, ether is the sole anæsthetic he uses, and that at St. George's Hospital the administration of chloroform has been long discontinued, and ether has been substituted.—*Med. News and Library.*

A CASE OF PARACENTESIS THORACIS.

BY E. T. BRUEN, M.D.

The following case occurred in the Philadelphia Hospital during the past fall, while I was resident in the house. It affords such a good illustration of the advantages of paracentesis thoracis as a method of treatment in a class of cases frequently met with, that I offer it to your readers:

M. N., æt. 25, native of Ireland, was admitted to the white nursery, with a strong healthy baby three months old. She stated that she had been taken sick three weeks before, having been confined to bed seven or eight days. The physician who attended her told her she had pleurisy.

She suffered after she left her bed from constant dry cough, with but little expectoration. There was considerable dyspnœa, even when quietly sitting in a chair, and upon the least attempt to move about this became really painful. For these symptoms she applied for admission to the hospital, in order to subject herself to treatment.

Physical examination of the chest demonstrated complete flatness upon percussion from the second rib anteriorly to the base of the thorax on the left side, and posteriorly the same signs from the angle of the scapula downward. Above, the percussion-note was greatly exaggerated, almost tympanitic. There was entire absence of any respiratory sounds over the area of dulness. Over the apex of the left lung the respiratory murmer was much exaggerated. The left side of the chest measured an inch and a quarter more in circumference than the right side, while there was scarcely any respiratory movement.

The heart was very slightly displaced towards the right side. The woman's general health seemed good; no emaciation had occurred.

A large plural effusion in the left chest was diagnosed, due to the recent attack of pleurisy, and as medical agents proper for the case might perhaps have interfered with the secretion of milk, it was determined to resort to paracentesis thoracis.

I accordingly tapped the chest in the line of the axillæ in the sixth interspace, using an aspirator with a rather small sized trocar, having first destroyed sensibility in the part by the local application of ice, and suceeeded in removing forty ounces of clear serous fluid, which very soon became like a jelly in the pail which contained it.

After the operation, the wound was closed by adhesive strips, a dose of morphia given to allay cough, and a poultice applied to the chest.

No unpleasent consequences whatever resulted from the treatment; she walked about the ward the following day, and her cough and dyspnœa had completely disappeared. She was not allowed to go out for ten days afterwards, as the weather was unpleasent, but at the end of that time no restrictions were placed upon her habits, as she was quite well. Perfect restoration of the respiratory functions of the lung had taken place; only a slightly impaired resonance, due, probably to a thickened condition of the pleura, remained to indicate that any functional disturbance had occurred.

The only medicine she took was a tablespoonful of Basham's mixture three times daily for two weeks. The poulticing was kept up at night for a week. During the day she wore flannel, which she was told to wear constantly hereafter.

December 1.—She was still an inmate of the white nursery, perfectly strong and well.—*Med. Times Phila.*

CLINICAL REMARKS ON A CASE OF STRANGULATED FEMORAL HERNIA.

BY T. H. BARTLEET, F.R.C.S.,

Surgeon to the General Hospital, Birmingham.

For the following brief notes of the case, I am indebted to Mr. Shipworth, Resident Surgical Assistant.

Thomas Jones, aged 43, married, a smith, was admitted November 10th, 1874. He had had a swelling in the right femoral region, which occasionally disappeared, for the last seven years. On November 1st, the swelling increased without any special cause. His bowels were constipated; and he took aperient medicine, which produced two motions. On November 2nd, he vomited several times. On the 3rd, the vomiting continued, and he was unable to pass flatus. On the 4th, he described the vomiting as being fæcal. Constipation and fæcal vomiting continued until his admission on November 10th, when he was found to have a small painless hard tumour in the right femoral region. There was no impulse, The belly was distended, but not painful or tender. The patient's aspect was distressed; his temperature was 99 deg. and his pulse 85. The taxis was tried with great care, but ineffectually. Under chloroform, a trans verse incision of one and a half inches was made over the neck of the sac, down to which the intervening tissues were divided on a director. The seat of stricture was the falciform margin of the saphenous opening, a few fibres of which were divided; and the contents of the sac were returned, the sac itself not being opened. The sac, which seemed likely to be drawn up by violent respiratory efforts, was held to the wound by a hare-lip pin passed through the edges of the latter, and including a piece of areolar tissue attached to the sac. The wound was dressed and rolled in the usual way.

November 10th. Vomiting had continued two or three times after the operation. He took twenty minims of tincture of opium, which relieved the vomiting, and was followed by a good night. He had passed flatus. Temperature normal; pulse 75. He had no pain.

November 13th. There was slight discharge from the wound. He had passed a firm and very copious motion.

November 28th. The wound had been dressed with tenax, and was all but healed; it measured now barely an inch.

REMARKS—The case seems to me to present the following points of interest: the length of time during which symptoms of obstruction had lasted; the lengthened duration of fæcal vomiting; the mode of operation; the after-treatment.

Symptoms of complete obstruction had lasted for nine days. The condition of the hernial tumour did not justify the opinion that strangulation had lasted thus long I believe that the hernia was, at the beginning at all events, *incarcerated*, not strangulated. Now, what is an incarcerated hernia? It is a hernia in which the constriction affects only the calibre, and not the walls, of the gut; that is, the passage through the intestine is entirely closed, but the intestinal walls are not sufficiently constricted to stop the circulation through them, and consequently to cause them to sphacelate.

Fæcal vomiting was present for four days. This symptom, thongh a common one in long standing cases of strangulated hernia, is justly considered one of serious importance. It is supposeed to be due to the long continued and ineffectual peristaltic action of the intestine above the stricture, inducing a backward current of the contents of the bowel in the centre of the tube.

The Operation.—I have for some time given up the long vertical incision over the whole or greater part of the sac. I make a short transverse incision over the neck of the sac, by pinching up the integuments and transfixing; the incision being rarely as long as two inches. I divide the tissues on a director until I am able to insert a nail under the stricture. I find it rare, even in old standing and in inguinal herniæ, to be unable to relieve the stricture without opening the sac. Occasionally the stricture is caused by a few fibres in the sac; and these I have, in one or two cases, very carefully divided from the outside instead of from the inside of the sac.

Herniotomy without opening the sac is an operation free from danger. No important tissues are cut through or misplaced. The danger, as far as the *operation* is concerned, is due to the opening of the sac; for we then make an open track for the admission of air, and sometimes of fingers, into the peritoneal cavity. I think needless alarm is often felt about the condition of the bowel, or of its strangulation by a band or by omentum, when the sac is not opened. In cases of recent strangulation, it seems to me as great a mark of unwisdom to open the sac to examine its contents, as it would be to trephine the skull to look for a possible clot underneath, in every case of injury of the skull with insensibility. Opening the sac is a *certain* risk; leaving it unopened is an *uncertain* risk. Moreover, in recent cases of strangulated hernia, it is customary to attempt reduction by taxis. Now, if it be safe to reduce a strangulated hernia by taxis, it is surely safe to do so by an operation which is as safe and simple as is extraperitoneal herniotomy. I am aware that the present case is not one of *recent* strangulation. The symptoms of obstruction and even fæcal vomiting had lasted many days. It may be fairly asked why I did not deem it necessary to open the sac and examine the condition of its contents. My examination of the hernia before and during the operation did not

favour the belief that it was gangrenous. Pain was not, and had not been, complained of. The integuments were not emphysematous, œdematous, or red; the sac was not flaccid. Had the sac or its contents been long gangrenous, the superficial tissues would have resented the presence of dead matter, as of any other foreign body. Unfortunately, there is no way of telling whether or not the contents of the sac are *just dead;* and I consider it better, in the absence of definite symptoms, to face this risk better than that of peritonitis, so frequently consequent upon opening the sac. After I had returned the contents of the sac, the violent efforts of vomiting seemed likely to draw the sac itself up into the abdominal cavity. This was undesirable, since, had symptoms of strangulation still continued, I might have wished to open the sac and to bring into view the intestine or omentum it had contained, and which, in the paralysed state of the intestines, would almost certainly be found lying near the crural ring. I therefore kept the sac near the wound by transfixing a tag of areolar tissue attached to it (not the sac itself) by a hare-lip pin, with which I closed the wound. The necessity did not arise in this case, but the manœuvre might be useful in other cases.

With regard to after treatment, one dose of tincture of opium relieved the sickness, and gave a good night, which the novelty of the patient's position in hospital might have prevented. After this, he had no medicine—above all, no aperient. He was kept to milk and broth diet until his bowels were open, which they were on the fourth day after the operation, and the fourteenth day of constipation. The wound was dressed with tenax —an excellent dressing for these deep wounds, as it prevents the accumulation of pus, and consequently favours the contraction and healing of the wound.—*British Medical Journal.*

THE CURATIVE TREATMENT OF INSANITY BY CHLORHYDRATE OF MORPHIA.

Dr. Voisin, of the Salpêtrière Hospital (*Bulletin Général de Thérapeutique*, March, 1874) arrives at the following conclusions:

If the malady be recent and not complicated by successions of delusions, the remedy keeps it from progressing, and stops the development of secondary or tertiary stages. Moreover, it calms the general or partial agitation in a time varying from two to three hours after a sufficient quantity has been injected. This dose is very variable, and is only arrived at by experience. The manner in which the delirium disappears is interesting. The delusions, hallucinations, etc., seem to separate from one another and no longer to form part of the same whole; they disappear one after another, and the patient replies to questions and recognizes that he has been ill, his memory returns, and he recounts a series of facts relating to his entry to the hospital, he writes to his family and allows himself to be treated medically without offering any resistance. It seems as if the symptoms of insanity disappear inversely in order of their occurrence. Thus the patients who have begun by hallucinations followed up by delusions, in their recovery lose the latter before the former, and though the hallucinations may remain for some days they do not believe in them. The indications for the remedy are: melancholia, with or without hallucinations; ecstasy; suicidal ideas; religious delusions; maniacal excitement; the various forms of neuralgia which are so common among the insane, and especially in the women, which often determine the especial character of the delusions, giving, *e.g.*, the notion that they are being electrified. The peculiar form of *folie circulaire*, which is generally thought to be incurable, has been very successfully treated by it.

The contra-indications for its use are: inflammatory symptoms, epileptic insanity, and general paralysis. In that form resulting from atheroma of the arteries, it may cause mischief from congestion, leading thence to hemorrhage.

Of the twenty-five cases quoted which were cured, six were affected with general mania with hallucinations and incoherence. The strongest dose employed in these six cases was twenty-one centigrammes daily, and the smallest was thirty-one milligrammes daily, the average duration of the treatment being four months. The other successful cases were of melancholic form, with more or less suicidal and homicidal complications.

Of the five unsuccessful cases, four had delusions of wealth and power, and one had certain febrile complications, a condition which has been shown by later experience to be totally opposed to the proper use of the remedy.—*New Remedies*, Jan. '75.

COMBINATION OF DIGITALIS WITH BROMIDE OF POTASSIUM IN DELIRIUM TREMENS.

In an interesting article on the Management of Delirium, by Dr. Milner Fothergill, after mentioning the treatment of delirium tremens by digitalis, he states that "probably in such cases the combination of digitalis wish bromide of potassium and some of the vegetable narcotics is indicated." Having seen a very striking instance of the truth of this surmise, I am induced to give a short notice of the case, On June 1st, 1873, at midnight, I was requested by Mr. Sleman to visit Mr. E. along with him. He mentioned that the patient had sustained a fracture of both bones of the leg some days previously; that delirium tremens had occurred shortly afterwards; and that he believed him to be

dying. I found him with all the symptoms of delirium tremens in a very aggravated degree, his pulse being so rapid and feeble that I could not count its frequency. His pupils were widely dilated. The skin was covered with profuse prespiration, and the whole muscular system was in constant agitation. He had not slept for several nights; was constantly muttering, being now unable to shout any longer; and persistently refused any nourishment. The bladder was considerably distended, and by pressure over the hypogastrium was completely emptied. He was ordered to have, every two hours, half-drachm doses of bromide of potassium, with the same quantity of tincture of digitalis; and to be fed with strong beef-tea and milk at frequent intervals. Next morning, he was much relieved, though he was still delirious. He had slept several times during the night, and was now taking some nourishment. The medicines were continued less frequently till June 4th, when I discontinued my attendance, as he then seemed completely out of danger. He made a good recovery, with an useful limb. Dr. Crighton.—*Brit. Med. Journal.*

CAULIFLOWER EXCRESCENCE; PORTION OF PERITONEUM REMOVED.

CLINIC OF PROF. KARL BRAUN, VIENNA.

Gentlemen.—The patient we introduce to you to-day is a married woman, æt. 32, and has borne two children. Her physical appearance is good, and no one would imagine, judging from it, that she was suffering from any serious cachexia. Yet she is laboring under a difficulty which, if not promptly met and treated, will beyond a doubt be fatal in its results.

She tells us that for a period of five months she has been constantly losing blood, not in great quantity, it is true, yet there has been a steady drain upon her system, which threatens sooner or later to undermine her strength; and it is our purpose to-day to make an examination of the trouble, and to do something for its removal.

A vaginal examination reveals, situated upon the anterior lip of the crevix more especially, yet extending nearly the entire distance around it, a new growth which we have no hesitation in pronouncing, from the peculiar sensation it imparts to the fingers, the hemorrhage which accompanies it, and the entire history of the case, to be an instance of the so-called "caulifiower excrescence."

What, in such a case should be our treatment? Experience conclusively has proven that nothing short of its radical removal will be of any value. Any attempt short of this will result in a failure, and the condition of the patient subsequently will be even worse that at present. Here it is always better to cut away too much tissue than not enough, A portion of the peritoneum may be removed, proper care being taken in the subsequent treatment. and yet no injury result. In the very many cases here operated upon in the past twenty years, but a very small percentage have been lost, while in many of these the peritoneum has been cut. I operate every year fifteen or twenty times for this difficulty, and often remove a portion of the peritoneum so large that my assistants scratch their heads and say, "He has gone too far this time;" but as they grow older and see these operations again and again repeated with most favorable results, they learn bettər. The surgeon would object to such an operation, involving the opening of the peritoneal sac, but the gynæcolgist, who operates in this region much oftner, knows better what can be done.

As to the instruments used in this operation, I have little at present to say. The operator will be guided by the conditions of the case, or, it may be by taste, in choosing them. I prefer in these cases the use of the galvano-caustic to all other means, and place the wire so that it shall pass through *perfectly healthy* tissue.

[The operation was here performed, and a large portion of the crevix amputated, the wire passing completely behind the growth, which was about as large as hulled walnut, removing a portion of Douglas's cnl-de-sac.]

You will observe, gentlemen, as this specimen passes around the class, that I have removed quite a considerable portion of peritoneum. It is better to avoid doing this if possible. I do not think this case required it, and had not intended to touch it, but the folds of the posterior walls of the vagina deceived me. Our subsequent treatment will be very simple. We will use a glycerin tampon, taking care not to introduce it so far that there would be danger of its passing into the abdominal cavity; and no injection whatever will be allowed. The patient will be required to lie as much as possible on her back, the several tissues being thus thrown more nearly into accurate juxtaposition, and the healing process will be proportionately more rapid.

Nov. 14.—Patient doing very well. There has been no rise in the temperature since the operation. —*Med. Times Philadelphia.*

NEW OPERATION FOR THE CURE OF HYPOSPADIASIF.

There are at the present time in Mr. Wood's wards at King's College Hospital several patients upon whom plastic operations have been performed with much success. These consist of persons with deformities, resulting from disease, of the nose and eyelids, and of others with congenital malformations of the organs of generation—viz., epispadiasis and hypospadiasis. In the present report we

shall confine our remarks to the operation for remedying the defect of hypospadiasis, leaving the other cases to which we refer to comment upon, as we hope, at another time. * * * * * *

Mr. Wood takes advantage of the hood-like prepuce which as a rule exists over the upper part and sides of the glans penis. This he transfixes close to the place of its attachment to the body of the penis, and then makes a transverse incision along this attached border through a considerable part of its extent; the glans penis is then pushed up through the resulting buttonhole-like aperature in the prepuce. After this is done, the next step is partly to dissect a portion of the skin from the under surface of the penis, and, if occasion require it, from the anterior part of the scrotum also. This flap is drawn forwards and brought into apposition with the displaced prepuce, and these are stitched together. by means of wire sutures, with their raw surfaces in contact.

The operation requires much care and great nicety in its execution. In the first place, the incision of the prepuce must be free enough to avoid strangulating the glans penus after the glans has been passed through it; in the second place, the flap of skin must be detached with extreme caution, both because of its exceeding thinness and the absence of subcutaneous areolar tissue beneath it, and also because there is here present no corpus spongism beneath the skin. Then the size of the flap must be carefully judged, as it must be broad enough to form an ample floor for the urethra and to allow for subsequent contraction. Silver sutures should be used, so that they may be left in until they ulcerate their own way out.

After the operation a catheter is passed into the bladder and allowed to remain three or four days, by which time the greater part of the raw surfaces has united. A sinus may possibly remain at some part for a little time, but this contracts, and soon closes; if it does not do so readily, it is only necessary to touch it with a fine wire cautery. When the operation has succeeded, the floor of the urethera to the end of the glans penis is made good, and the patients can eject their urine beyond their trousers, instead of being annoyed by its dropping short just beyond the scrotum, or even by having to pass it in a crouching posture. If their be any redundancy of skin after complete cicatrisation has occurred, this can be trimmed off.

The two cases which we have seen, upon which Mr. Wood has operated, are very successful. In each the hypospadiasis extended over half the length of the penis, or more; and in one the abnormal orifice of the urethra was extremely small, and a second aperature existed still further back. By the operation the urethra in each case has been closed in along its floor, and the prepuce forms a good projecting spout for the urine beyond the tip of the glans. In one case no sinus exists in the cicatrix; in the other a very small one, through which little or no urine escapes, is gradually filling up.

It may be remarked and of course correctly, that in some of the worst cases this operation is not possible, as no prepuce exists; Holmes, however states that an "aggregation of the skin of the prepuce on the dorsal aspect of the penis is so common in hypospadiasis that I never saw a case without it, though we can hardly regard the connexion as a necessary one." It may, too, be objected by some that the arching of the penis in the state of erection will not be prevented by Mr. Wood's method. If this complication be entirely owing to the deficiency of the corpus spongiosum and its relative changes to the corpora cavernosa after growth is completed, the arching will not be altogether prevented by the operation, though in all probability it will be diminished in degree by freeing the skin and increasing the amount of tegumentary tissues below the urinary channel. It may be doubted, however, whether this arching of the penis is the worst effect of the malformation, or the chief one to remove; and whether the annoyance with the urine, which seems to be well remedied by the operation, is not the worst.

This and other points, however, will be decided by lapse of time, after the little patients who have been operated upon have passed into young adult life. Further information, too, will no doubt be furnished to the profession by Mr. Wood, who will, we hope, take some trouble to make known his method of operating, and the results attending it.

We are not aware that any operation like Mr. Wood's has been published or performed by others, though we find, in Liston's work on Operative Surgery, mention made of the prepuce being employed in remedying the defect of hypospadiasis. He says—"I have sometimes succeded—and in cases where other means have been tried unsucessfully—in protecting the exposed and irritable membrane of the passage, and carrying that forward to the apex of the organ *by turning back a portion of the prepuce and uniting it without any twist*,* the lining membrane presenting outwards, Patients have been thus relieved from the frequent calls to make water, the nocturnal emmissions, and other unpleasant consequences."—*Med. Times and Gazette.*

MAMMARY ABSCESS (THREATENED)—*Application of Oleate of Mercury.* Apply a solution of oleate of mercury and morphia in oleic acid, simply brushed over the part. The mercury is rapidly absorbed and arrests the inflammatory action, the morphia at the same time relieving the pain.—*Mr. J. Marshall.—Southern Med. Record.*

* The italics are our own.

UTERO-GASTROTOMY.

Dr. J. Marion Sims, State Med. Society, New York, made some very interesting remarks on the subject of "Utero-Gastrotomy," saying, that having had the honor of reading a paper at the last annual meeting on the removal of intra-uterine fibroids by enucleation, he now proposed to speak of the removal of larger uterine fibroids by abdominal section, whether intra-uterine, interstitial, or extra-urine in character. This operation is now on trial. It stands where ovariotomy did twenty years ago. It has the same opposition to encounter, and will doubtless achieve the same victory. In this country it has been performed successfully by Kimball, Burnham, Boyd, Storer, Darby; in England by Charles Clay, Fletcher, and very recently by Lawson Tait. Koeberle, of Strasbourg, has cured four out of six cases, while Péan, of Paris, gives us the minute histories of eleven cases, with seven cures, and since the publication of his work, his pupil Urdi has published a work in which he says, that the whole number of Péan's operations up to the present time is twenty, with fifteen cures.

Dr. Sims has recently operated twice for the removal of the uterus, with large fibroid, by abdominal section. The first case was in a feeble state from excessive loss of blood. During the separation of a large fold of intestines from the surface of the tumor, the capsule of the tumor was torn up, large venous sinuses were opened, and the patient suddenly lost about sixteen ounces of blood. She never rallied, and died from the shock and loss of blood in thirty-five or forty minutes after the operation.

The second case had lost large quantities of blood and was quite anæmic, but was thought to be a favorable case for operation. It was done on the 19th of Nov., according to Péan's method. The patient died in seventy-six hours, of septicæmia. Examination, post-mortem, showed the pedicle in a sloughing condition below the wire clamp; the slough extending along the line of incision in the abdominal parietes, and on the top of the bladder, and in the broad ligaments. There were eighteen ounces of bloody serum in the peritoneal cavity. Pean's method of operating is to make a pedicle of the supra-vaginal portion of the cervix, and to draw this out through the lower edge of the abdominal section by clamp, as in ovariotomy. He transfixes the cervix by a double wire, ties one on each side of the cervix, inclosing the broad ligament on its respective side in the wire. Dr. Sims employed Pean's method in both his cases, but would not use it again; but he advocates the use of the actual cautery. He exhibited a clamp écraseur on the principle of Nott's [and Isaac E. Taylor's], by which he would compress the broad ligament on one side near the body of the uterus, and then sever the ligament with the cautery down to its junction with the cervix. The same method is to be followed on the side, and then it only remains to cut the tumor from the supra-vaginal cervix and cauterize the surface. The several cauterized portions are then dropped into the peritoneal cavity, when, in spite of the eschar, they unite at once by adhesive inflammation to the surfaces with which they lie in contact.

Dr. Sims then exhibited an automatic alcohol blowpipe for heating the cautery irons.—*Medical Record, N. Y.*

ACUTE ALCOHOLIC POISONING.

(Under the care of Dr. Wadham, St. George's Hospital.)

On Nov. 26th, W. C., aged twenty-one, was brought to the hospital with the following history. At 11 a.m. of the same day he happened to be present when another man carrying three jars, containing brandy, whisky, and rum, through the street, met with an accident, and spilt their contents in the gutter. On seeing this, he dropped on his hands and knees and drank a quantity of spirit out of the gutter. About five minutes afterwards he was noticed to stagger as he walked down the street, but it was not known what happened to him between this time and 12 o'clock, when he was brought insensible to his lodgings. His landlady having sent for the police, and they for a surgeon, he was, by the advice of the latter, brought to the hospital at 2 p.m.

On admission he was perfectly comatose, his face somewhat bloated and livid, and frothy mucus was oozing from his mouth and nostrils; his skin was cold and clammy, his pulse fluttering, the breathing short and stertorous, and the pupils unequal and inactive.

By means of the stomach-pump sufficient spirit to make more than a gallon of strong brandy-and-water was withdrawn. Respiration having nearly ceased, he was galvanized in the course of the phrenic, and bottles of hot water were applied to his feet and placed round his body; by these means his breathing became better, his pulse fuller, and the congestion of the face ceased, but whenever the galvanism was omitted for a few minutes the respiration stopped. This galvanism was continued until 3.10 p.m., after which he continued breathing of his own accord, and some urine drawn off at this time smelt strongly of brandy, and contained a considerable amount of albumen. At 5.30 p.m., respiration again ceased, bnt recommenced under the influence of galvanism. Between this and midnight his breathing was generally stertorous, and mucus râles could be heard all over the chest, the respiratory movements varied from 40 to 60 in the minute, and his pulse was 120.

At 5.30 a.m. of the 27th, he had turned himself

in bed, and showed some slight consciousness when attempts were made to rouse him. His pupils acted slightly, but his breathing continued stertorous, his respiration 64, and his pulse 120 in the minute. He continued in the same condition until 7 a.m., and then died somewhat suddenly, exactly 19 hours after drinking the spirit.

At the post-mortem examination the stomach was found slightly congested at its cardiac extremity. The lungs were intensely congested, and the bronchial tubes congested and filled with sanious fluid. There was merely slight congestion of the membranes of the brain, the ventricles were perfectly dry, and the substance of the brain natural in appearance. The other organs were congested, but otherwise healthy.

ASPIRATION IN PLEURISY.

The question as to the use of the pneumatic aspirator in pleurisy has of late been discussed by Dr. Becker, of Munich. In cases where the operation is one of necessity for the preservation of life, there can, of course, be no question as to its propriety; but in most cases of pleurisy with sero-fibrinous effusion Dr. Becker is decidedly opposed to aspiration of the fluid. Even where the pleural cavity is so full that the heart is much displaced, as long as the respiration and circulation are not disturbed he would leave the cure for nature. He contends that when the fluid has reached a certain amount effusion ceases, and the current setting in an opposite direction, towards the vessels, the cavity is gradually emptied, and contraction and adhesion occur in due order. Nature spontaneously limits the amount of effusion by compressing the root of the collapsed lung, and thus so far arresting the circulation in the vessels of supply. If the physician interferes with this normal state of affairs, and removes the fluid before the pressure in the pleural cavity has reached a certain height, he will simply restore the circulation in the pulmonary vessels, re-establish the conditions of effusion, bring the rough surface of the pleura into frictional contact, and have robbed the system of so much precious fluid.

Dr. Becker considers the circumstances even more serious when the collapsed lung is adherent. Should aspiration then be performed the fluid speedily refuses to flow, the tube collapses, and air forces its way around the needle into the chest. Worse still, the lung expanding unequally may undergo alveolar dilation; it becomes hyperæmic, hæmoptysis may occur at once, and bronchitis and pneumonia supervene. Less serious reasons for letting nature alone in sero-fibrinous pleurisy without urgent symptoms are the facts that the risk of sudden death from fatty heart, which is present in such cases, is not removed by operation; that marasmus is not relieved by it; and that fresh pleurisy often comes on, and the chances of empyæma increase with every tapping.—*Boston Med. and Surg. Journal.*

FEAR OF BLOOD LETTING.

As an instance of the excessive fear of blood-letting which affects the profession at the present time, Dr. Rawdon Macnamara gives, in the London *Lancet*, the following incident:

"Some time ago I had a patient under my care suffering under urgent symptoms of impending suffocation consequent upon acute inflammation of the upper portion of the larynx and adjacent parts. A consultation was held of surgeons of great operative ability and also of great experience. All were willing to sanction my opening the trachea, but not one would sanction my opening a vein at the bend of the elbow. However, not being as thoroughly impressed as perhaps I should have been with the importance of the doctrine of the change of type in diseases, I insisted upon bleeding my patient; and never shall I forget his sense of relief as ounce after ounce escaped into the cup, until at last he exclaimed, 'Thank God, I can breath now as well as ever I did;' and from that out, his convalescence was uninterrupted."

We think Dr. Macnamara is right in suspecting that there are many surgeons who have performed every brilliant feat in the wide range of surgery, but who have yet shrunk from doing the simple operation of venesection. In a very wide experience during the last fifteen years in the hospitals of this city, we have known of but three cases of bleeding, —two having been under our own care.—*Med. Times, Phila.*

MEDIASTINAL TUMOUR.

UNDER THE CARE OF DR. CLAPTON, ST. THOMAS HOSPITAL.

The following case is of interest, as showing the difficulties often encountered in the diagnosis of intra-thoracic tumours. There were certainly some signs of obstructed circulation, but many of the pressure-signs met with in cases of tumour within the thorax were absent or but slightly marked. The peculiar situation and distribution of the growths are worthy of note.

E. C——, a man servant, aged thirty-seven, was admitted into the hospital on January 3rd, 1872. His previous health had been good, and he did not remember having had any serious illness. His father and mother were living and healthy, and

he stated that he had alway lived well, and had drunk freely. He was very subject to fits. Three years previously he began to have headache, giddiness, and to suffer from sleeplessness. He left his situation twelve months previously, and did not then live so well. About six months after this he began to suffer shortness of breath, which gradually got worse, so that he could not get about. Latterly his face had got bluish, aud his speech thick.

The patient was a big, heavy man. The face and nose were congested, and the lips bluish, but there was no œdema anywhere. He talked somewhat thickly, and was very short of breath when he moved about. There was no particular cough. The tongue was coated, the appetite fair; the bowels regular; urine scanty, sp. gr. 1026, and contained much lithates, but no albumen. Pulse 96, soft and small. The chest was resonate, but here and there were bronchial rales and prolonged respiration. The heart sounds were healthy.

The patient remained much about the same till about the beginning of March, when his breathing became worse, and the cyanosis increased. He died on the 21st of March.

Autopsy.—Immediately beneath the pleura there was seen a tumour situated in front of the ascending aorta, between the superior vena cava, and the pulmonary artery, and extending as high as the left innominate vein. In addition to this, the right auricle was almost completely filled by a nearly spherical mass of soft consistence, and covered by reflected endocardium, which bulged somewhat through the auriculo-ventricular orifice. The growth extended upwards into the superior cava and its various branches to a distance of four or five inches from the auricle, and these were completely occupied and much distended by it. It seems probable that the new growth commenced in the anterior mediastinum, and extended through small veins into the superior cava and branches, and thence to the auricle. In minute structure the tumours appeared to be lympha-denomatous, the exocardial one being much firmer than the other. In the left lung, where it was close to the tumour, there were several nodules of similar structure, but there were none in other organs. There was much fluid in the abdomen and in the right pleura.—*The Lancet.*

DIPHTHERIA.

The Board of Health of New York has published the following precautions, which should be observed by the people wherever diptheria prevails:—

Precautions—(*a.*) *The dwelling or apartment.*—Cleanliness in and around the dwelling, and pure air in living and sleeping rooms, are of the utmost importance where any contagious disease is prevailing, as cleanliness tends both to prevent and mitigate it. Every kind and source of filth around and in the house should be thoroughly removed; cellars and foul areas should be cleaned and disinfected; drains should be put in perfect repair; dirty walls and ceilings should be lime-washed, and every occupied room should be thoroughly ventilated. Apartments which have been occupied by persons sick with diptheria should be cleansed with disinfectants; ceilings lime-washed, and wood-work painted; the carpets, bed-clothing, upholstered furniture, etc., exposed many days to fresh air and the sun-light (all articles which may be boiled or subjected to high degrees of heat should be thus disinfected); such rooms should be subject to currents of fresh air for at least one week before reoccupation.

(*b.*) *When Diptheria is Prevailing.*—No child should be allowed to kiss strange children nor those suffering from sore throat (the disgusting custom of compelling children to kiss every visitor is a well-contrived method of propagating other grave diseases than diptheria); nor should it sleep with nor be confined to rooms occupied by, or use articles, as toys, taken in the mouth, handkerchiefs, etc., belonging to children having sore throat, croup or catarrh. If the weather is cold, the child should be warmly clad with flannels.

(*c*). *When Diptheria is in the House or in the Family.*—The well children should be scrupulously kept apart from the sick, in dry, well-aired rooms, and every possible source of infection through the air, by personal contact with the sick, and by articles used about them or in their rooms, should be rigidly guarded. Every attack of sore throat, cough, and catarrh, should be at once attended to; the feeble should have invigorating food and treatment.

(*d.*) *Sick Children.*—The sick should be rigidly isolated in well-aired (the air being entirely changed at least hourly), sunlighted rooms, the outflow of air being, as far as possible, through the external windows by depressing the upper and elevating the lower sash, or a chimney heated by a fire in an open fire place; all discharges from the mouth and nose should be received into vessels containing disinfectants, as solutions of carbolic acid, or sulphate of zinc; or upon cloths which are immediately burned; or if not burned, thoroughly boiled, or placed under a disinfecting fluid. —*N. Y. Med. Record.*

CHLORAL AND IPECACUANHA IN CROUP.—In a bad case of croup with urgent dyspnœa, give to a child of fifteen months old two minims of ipecacuanha wine, with two grains of chloral, every two, three or four hours, according to the effect produced.—*Dr. G. Barclay.*

GRADUATES IN MEDICINE.

The graduates in medicine of the nine Universities of Prussia, Germany, are compelled by law, to present themselves before a "State Board of Medical Examiners," for examination, before they can be licensed to practice medicine in that state. This same law also exists, and is rigidly enforced in the other states of the German Empire; likewise in Austria, France, England, and in nearly all of the other prominent countries of the world, with the exception of the United States of America.

The following table shows the result of the examinations in Prussia during the past year, and conveys also an idea, how rigid these examinations are, for about twenty-five per cent of the candidates were rejected; and we might further add, that no candidate is allowed to go up for examination unless he can prove, by certificates, that he has attended at least eight courses of medical lectures—equivalent to four years study:

1873-74.

Universities.	No. of Candidates.	Passed.	Rejected.
Berlin,	124	89	35
Bonn,	39	33	6
Breslau,	37	32	5
Goettingen,	34	32	2
Greifswald,	81	61	20
Halle,	63	49	14
Kiel,	21	18	3
Koenigsburg,	45	25	20
Marburg,	33	30	3
Total,	477	369	108

The sum total of physicians licensed in the whole German Empire for the year 1874, is only 660.

During the same year, the innumerable medical colleges of the United States of America graduated three thousand students.

In conclusion, we add for comparison, the following table:

1874.

Country.	No. of Inhabitats.	Practitioners Licensed in 1874.
Germany,	42,000,000	660
United States,	40,000,000	3,000

Further comment is unnecessary.

Death from the use of Perchloride of Iron.—A foreign cotemporary records a fatal instance of the use of a uterine injection of perchloride of iron. Peritonitis supervened soon after administration, and death occurred in thirty hours.—*Lancet.*

Physicians in Montreal. — There are one hundred and eighty-two doctors of medicine in the city of Montreal.

A SECOND ATTACK OF BILATERAL ZONA.

Dr. Kaposi, (Moritz Kohn), publishes in the *Wiener Medizenische Wochenschrift*, No. 38 a case of recurrence of herpes zoster. The first eruption affected the left hand, arm, and shoulder, including the skin which covered the chest on the right side. This lasted from April 22 to May 1, and left behind it scars and maculæ. Some of the former were large and painful, resembling cicatricial cheloid. On June 25, the same patient presented himself with a fresh eruption of zona. The vesicles occupied the back of the left forearm, and closely surrounded a long bleb and a large dark-green crust. The following day the eruption appeared on the left arm, above the elbow, and afterwards spread to the shoulder. One small patch showed signs of gangrene, but otherwise the disease ran a favourable course, and the crusts were drying up, wher, on July 8, pain was felt in the right mammary region, followed by a second eruption of vesicles in the same place as in the first attack. This extended over the first, second, fourth, and fifth intercostal spaces in front, but soon subsided. There was no fresh eruption, but the pustules and ulcers of the left arm were painful and long in healing. [The only other case to which Dr, Kaposi can refer is one by Dr. Wyss, in vol. xii, of the *Archiv der Heilkunde*, p. 290. Here the zoster was lumbo-abdominal; the patient said he had suffered from the same disease in the same place thirty years before, and the scars which were still visible confirmed the statement. Bateman, however, says that herpes zoster may occur more than once in the same individual, and Dr. Tilbury Fox says (*Skin Diseases*, p. 202), "The disease rarely occurs twice in a life-time, but I have known it to occur a third time.". That zona may extend to both sides of the body without a fatal result has been known from Tulp's case (*Obs. Med.* lib, iii. cap. 44) in 1652, to those narrated by Bârensprung, Hebra, and Hardy.]—*London Med. Record*, Nov, 25, 1874.

Collodion and Morphine in Shingles.—After exhausting all the methods advised for the treatment of shingles, and especially the atrocious pains which attend this disease, Dr. Bourdon adopted the following:—A stratum of morphinated collodion (collodion 30 grammes, muriate of morpia 50 centigrammes) was applied to the diseased parts without opening the vesicles. The pain ceased on the second day, and after seven or eight days, when the pellicle fell off, the vesicles had entirely disappeared, and only a slight redness was apparent.—*Gaz. Med. Ital.*

PROFESSIONAL BILLS.—Following an editorial in the *Medical Times* on the above subject, the editor announces the receipt of several communications. One correspondent sends from Boston a schedule of fees, which it is becoming customary in that city to have printed on the backs of the bills rendered for professional services, and is as follows :—

THE BOSTON MEDICAL ASSOCIATION, composed of the regular physicians of Boston, adopted the following fee-table, July 1st, 1864 :

But it is left to the judgment of each practitioner to make any deduction from the following rates which the pecuniary circumstances of the patient may require.

For each visit within the city in the daytime	$3.00
For a visit after 9 p.m., and before 8 a.m	5.00 to 10.00
(In cases of consultation or other extraordinary attendance in the night, the fee for each extra attendance shall be added to that for a night visit.)	
For a visit in consultation	5.00 to 10.00
For attendance involving travel out of town, mileage shall be charged at a rate per mile, for short distances of	1.00 to 2.00
For advice at the physician's house, according to the importance of the case, unreasonableness of the hour, or time occupied	3.00 to 20.00
For vaccine innoculation	5.00
For attendance in midwifery in the daytime	20.00
For attendance in midwifery in the night	30.00
(Obstetric operations, when necessary shall be charged in addition to the usual fee for attendance. In obstetrical practice all subsequent visits shall be charged as in ordinary cases of attandance.)	
For minor surgical operations, such as stitching wounds, opening abscesses, etc	3.00 to 25.00
For major operations, according to importance	25.00 to 500.00
(After surgical operations all subsequent visits shall be charged as in ordinary cases of attendance.)—*Medical Record.*	

COMBINATION OF IODIDE OF POTASSIUM AND CARBONATE OF AMMONIA.—Sir James Paget says, "He has had extensive experience in the treatment of syphilis with this combination, and has realized the best results. He finds that five grains of iodide of potassium combined with three grains carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way."

BROWBEATING HYSTERIA.—A correspondent of the *Boston Medical and Surgical Journal* gives the following account of the treatment of a typical case of hysteria by Dr. Weir Mitchell: Patient was a young lady who came to the doctor from Rhode Island for treatment. She had been in bed for months. The medical experience had been exhausted. Dr. W. H. Hammond advised a longer continuence in bed. Dr. Mitchell made three visits ere he began treatment. The peculiarities of the case were spinal weakness and an inability to straighten the lower extremities. At his fourth visit the doctor requested his patient to straighten her limbs. "But I can't." "But you *can*. Are they never straightened at night?" "Yes, doctor. No one ever asked me that question." The legs were straightened with but little difficulty. "Now be kind enough to sit up." "But that is impossible; I have not been able to do it for two years." "You are able now. Please sit up." Patient sat up. "Bring her wrapper, hose and slippers, and put them on; put on a necktie; belt her waist. Now I wish you to stand." The patient now began to cry, "Good morning," said the doctor taking his hat. "Where are you going doctor?" "I am going away. I never attend patients who do not obey me." "Come back, doctor. I will obey you." "Then please stand up." She stood up. "But, doctor, it makes me so dizzy." I expected it. Take my arm." She took his arm. He led her slowly out of the room, down stairs, and out of doors. She returned without aid and *did not go to bed again*. She was cured. This is given as a sample of the doctor's treatment of hysteria. He is never unkind, never rough, but inflexible, quick in manner decided in speech, yet gentle and exceedingly polite.—*Detroit Review.*

POTATO BUGS AS VESICANTS.—*The Medical and Surgical Reporter* says, that a chemical manufacing firm in Indianapolis advertised last fall for one thousand pounds of potato bugs, which are to be used as a substitute for Spanish flies.

We have known for several years (say twenty-four years), by actual experiment, in Concordia parish, Louisiana, that the potato bugs will vesicate just as certainly and efficiently as the *Lytta Vesicatoria* when prepared in the same way. The first intimation of this was given by handling them in the fingers, when we had a painful realization of the fact. No experiments were made as to their action on the kidneys as a diuretic, but we have no doubt they will produce the same effect as cantharides.—*New Remedies.*

The British Medical Association will meet in Edinburgh next year. Preparations have been begun and "lively and pleasant expectations" of the visit are already indulged in.

THE BRITISH MEDICAL ASSOCIATION is to hold its next meeting at Edinburgh.

THERAPEUTICAL PROPERTIES OF BROMIDE OF CAMPHOR.

Some experiments of this drug by Dr. Bourneville, of Paris, are quoted in the London *Medical Record.*

The form of the drug administered was the same as that which had been employed up to the present time in all the hospitals of Paris, Dr. Clin's bromide of camphor dragées. In addition to the physical properties of bromide of camphor already mentioned, its characteristic odor and disagreeable flavor, it may be noted that it is insoluble in water, and changes when exposed to the air, so that the dragées are the best form in which to administer it. Each dagée contains exactly ten centigrammes (1½ grain) of the bromide of camphor, covered by a thin coat of sugar, which preserves the drug, masks both its odor and flavor, and renders it easy of deglutition. These dragées become rapidly disintegrated in the stomach. Among the cases already published we find the following :—

In one case, a woman aged sixty two, suffering from heart-disease attended by insomnia, twenty centigrammes only (two dragées were efficacious. In the case of a woman aged forty-six, who was suffering from progressive locomotor ataxy, in whom insomnia alternated with disturbed sleep troubled by nightmares, it was necessary, in order to obtain a decided improvement, to administer eighty centigrammes (eight dragées). A woman aged forty-six, who for six years suffered from chorea, who had not been able to walk for a year, and was tormented by such insessant and violent movements that they drew her out of bed, and who was unable to sleep, had administered to her as high a quantity as 120 centigrammes (twelve dragées). Her sleep became calmer, she remained quietly in her bed, could walk a little, and often remained fifteen or twenty minutes undisturbed by choreic movements.

Three women, under the care of M. Charcot, of the respective ages of fifty, sixty, and sixty-seven, were attacked by paralysis agitans, and pronounced incurable. They took from twenty centigrammes to one gramme (three to fifteen grains) of the bromide of camphor, daily, in quantities varying from one to ten dragées, in progressive doses. A marked amendment followed.

Bourneville (*Progress Medical*) has submitted the efficacy of bromide of camphor to a severe test, by choosing as a field for his experiments a hospital for incurables. If it succeeded in these obstinate cases, still greater was the probability that it would act beneficially where the conditions were more favorable, and the illness of more recent origin. A patient in the Hospital de la Pittié, twenty-four years of age, suffering from acute rheumatism was attacked by chorea in the left arm. He was cured in five days. The dose was sixty centigrammes (nine grains) daily, given in six dragées.

In the same hospital a woman aged twenty-two was attacked by violent hysterical chorea, with hysterical vomiting. The dose given was first forty, and then sixty centigrammes daily. Her cure was rapid.

A young woman, a patient in the Neckar Hospital suffering from induration, with insufficiency of the mitral valve, showed symptoms of poisoning from the first day digitaline was administered to her. The digitaline was discontinued, and bromide of camphor substituted. The heart-beats diminished in frequency and became regular. The medicine was relinquished, and the improvement obtained continued the same a fortnight later.

A man in the same hospital, presenting the same conditions, received equal relief.

INFLUENCE OF ANÆSTHETICS UPON THE SEXUAL IMPRESSIONS OF FEMALES.—A writer (*Lyon Medicale Clinic*, Sept. 19, 1874) says it is a well established fact, that occasionally, under the influence of ether or chloroform, an excitation of the sexual organs is produced, and a feeling is excited in the mind by this sensation which may make a woman believe that she has been subjected to violence. In illustration of this statement the writer says, that during delivery he placed the woman under chloroform. The sexual sensations of the woman were so vivid that she accused him of having violated her. Yet her husband and a dozen women had been present the entire time of the delivery. Other illustrations are given, from which the wise moral is deduced, "that physicians should never administer ether or chloroform except in the presence of witnesses.—*Detroit Review.*

A MODE OF REDUCING STRANGULATED HERNIA.—In a recent number of *La France Médicale* it is reported that the following method was adopted by Perrin as a novel procedure in the case of an inguino-scrotal hernia, which had become strangulated, and in which serious symptoms had already shown themselves. Taxis had been thoroughly tried under an anæsthetic, but without success. An attendant was therefore directed to take hold of the patient's legs, and placing them on his shoulders to raise him up until he rested only upon the shoulders and head. The body being thus very strongly flexed forwards, the integuments of the abdomen became so relaxed that Perrin was able by manipulation to reduce the hernia to one-half its former volume, by the return of the fluid which the sac had contained, into the peritoneal cavity. The patient was then placed in the horizontal position, and the gut was completely restored. There is hardly any novelty, however, in this operation, for American surgeons, have practised it in repeated instances.—*Medical Record.*

TREATMENT OF THE DROWNED.

The following method and rules, devised and prepared by the *Committee on Accidents, etc.*, being a modification of rules furnished by Dr. Beech, of Coldwater, and of those published by the Life Saving Society of New York, have been adopted and printed by the State Board of Health of Michigan, for distribution throughout the State, as a life-saving measure.

Rule 1.—Remove all obstructions to breathing. Instantly loosen or cut apart all neck and waist bands; turn the patient on his face, with the head down hill; stand astride the hips with your face towards his head, and, locking your fingers together under his belly, raise the body as high as you can without lifting the forehead off the ground, and give the body a smart jerk to remove mucus from the throat and water from the windpipe; hold the body suspended long enough to slowly count *one, two, three, four, five,* repeating the jerk more gently two or three times.

Rule 2.—Place the patient on the ground, face downward, and maintaining all the while your position astride the body, grasp the points of the shoulders by the clothing, or, if the body is naked, thrust your fingers into the armpits, clasping your thumbs over the points of the shoulders, and *raise the chest as high as you can* without lifting the head quite off the ground, and hold it long enough to slowly count *one, two, three.* Replace him on the ground, with his forehead on his flexed arm, the neck straightened out, and the mouth and nose free. Place your elbows against your knees and your hands upon the sides of his chest *over the lower ribs, and press downward and inward with increasing force* long enough to slowly count *one, two.* Then suddenly let go, grasp the shoulders as before and raise the chest; then press upon the ribs, &c. These alternate movements should be repeated 10 to 15 times a minute for an hour at least, unless breathing is restored sooner. Use the same regularity as in natural breathing.

Rule 3.—After breathing has commenced, restore the animal heat. Wrap him in warm blankets, apply bottles of hot water, hot bricks, or anything to restore heat. *Warm the head nearly as fast as the body, lest convulsions come on.* Rubbing the body with warm clothes or the hand, and slapping the fleshy parts, may assist to restore warmth, and the breathing also. If the patient can *surely* swallow, give hot coffee, tea, milk, or a little hot sling. Give spirits sparingly, lest they produce depression. Place the patient in a warm bed, and give him plenty of fresh air; keep him quiet.

Avoid delay, a moment may turn the scale for life or death. Dry ground, shelter, warmth, stimulants, etc., at this moment are nothing,—*artificial breathing is everyhting,*—is the one remedy,—all others are secondary.

Do not stop to remove wet clothing. Precious time is wasted, and the patient may be fatally chilled by exposure of the naked body, even in summer. Give all your attention and effort to restore breathing by forcing air into, and out of, the lungs. If the breathing has just ceased, a smart slap on the face, or a vigorous twist of the hair, will sometimes start it again, and may be tried incidentally.

Before natural breathing is fully restored, do not let the patient lie on his back unless some person holds the tongue forward. The tongue, by falling back, may close the windpipe, and cause fatal choking.

Prevent friends from crowding around the patient and excluding fresh air; also from trying to give stimulants before the patient can swallow. The first causes suffocation, the second fatal choking.

Do not give up too soon: You are working for life. Any time within two hours you may be on the very threshold of success without there being any sign of it.

In suffocation by smoke or any poisonous gas, as also by hanging—proceed the same as for drowning, omitting effort to expel water, etc., from windpipe.

In suspended breathing from effects of chloroform, hydrate of chloral, etc., proceed by Rule 2, taking especial pains to *keep the head very low,* and preventing closure of the wind-pipe by the tongue falling back.

ELEVATING THE STANDARD.—The University of of Michigan is on the way to more severe requirements for admission to the medical department. During the present year, all applicants have been required to present themselves before the Dean of Faculty, who inquires into their educational advantages, receiving from them each a written statement, made in his presence, to be preserved as a matter of record. If he is not satisfied as to their qualifications for admission, they appear before the whole Faculty, and are more fully examined,and, if judged not qualified in literary and general acquirements, they are refused admission.—*Ibid.*

THE USE OF THE MOSQUITO.—Dr. Samuel W. Francis says, that this insect was created to drive man from malarial districts; and second, if man will not go, after the warning is given in humming accents, then the mosquito injects hypodermically a little liquid, which answers two purposes—firstly, to render the blood thin enough to be drawn up through its tube; and secondly, in order to inject that which possesses the principles of *quinine.*—*Medical Record.*

CASES OF CHRONIC SIMPLE ULCER OF THE STOMACH.

By Dr. McSwiney, Med. Society Dublin.

In the course of his remarks he pointed out that this was a painful, dangerous, and sometimes a fatal disease, which was met with chiefly in young females between 16 and 26 years of age, and the features of which physicians had to be well acquainted with in order that they might distinguish it when they met it and treat it successfully. Having traced the history of the disease from the time—1830—when it was first distinctly recognized and described by Cruvelhier down to the present time, he proceeded to read some cases in which he had diagnosed the existence of this lesion. The first case was that of a young woman, æt 23, a French polisher by occupation. Four years ago she had distress of stomach after taking food, loss of appetite, and suffered from various dyspeptic symptoms. These were succeeded by epigastric pains, nausea, and thirst, the pain was ensiform in location. To believe it, she lay with the abdomen and face under. Food made the pain much worse, more particularly solid food. After some weeks of suffering she was suddenly seized with a violent attack of hæmatemesis. From this she slowly recovered in some weeks, after which she remained well for two years, when again there was a recurrence of all the dyspeptic symptoms under which she in the first instance laboured, and again she had a large vomiting of blood. When received into the hospital she was weak and pallid, and the slightest pressure in the epigastric region immediately below the ensiform cartilage caused exquisite pain. She loathed food, and was wretchedly depressed and nervous. Whatever she swallowed, solid or liquid, caused pain, and was immediately rejected by vomiting. Alcohol in any form made her worse, and everything, even the blandest food, was vomited. She was placed under treatment, and at the end of four or five weeks left the hospital, being at the time apparently quite restored to health. Three other cases, in all important particulars similar to the one just related, were also reported by Dr. McSwiney. Finally he reported a case by way of contrast to the others, in which many of the symptoms simulated upon superficial observation those of gastric ulcer, but which he had differentiated upon the occasion of examining the woman carefully. Shortly, the woman was of a nervous temperament, and had been highly excitable, according to her own account, for years. Amongst the symptoms of which she complained was regurgitation of food, which occurred at irregular intervals. At this time she was free from pain in any part of her body. This food vomiting came on chiefly at the catamenial periods, which were scanty and irregular. She suffered from leucorrhœa after months, during which she suffered from this regurgitation of food, pain, according to her account, began to be experienced, but this pain was variable in situation—referred now to one point and now to another, and was uninfluenced by food. Two months ago she stated that she vomited everything she took, and that the vomited matter contained blood, and she showed what purported to be an admixture of food and blood to the practitioner who was in attendance upon her. All this time, however, she remained in good condition; she was not in the least weak or wasted, nor had she the appearance of a person suffering pain. Somehow an idea had got about that she had ulcer of the stomach, and she appeared willing to favour this view. A thorough investigation of this case caused Dr. McSwiney to conclude that, nowithstanding the vomiting of food mixed with blood and the pain complained of, the case was not one of gastric ulcer at all, but should be referred to the category of hysterical affections, and he stated that, in point of fact, what occurred when the food was brought up was more analogous to ruminating than to vomiting, and referred to the graphic description of this affection given by Sir Henry Marsh in his well known article in the *Dublin Journal*, as well as in his letter to Dr. Little. Dr. McSwiney next directed attention to the diagnosis which he had ventured to arrive at in these cases, and explained that, whilst he recognised the impossibility in some cases, and the difficulty in others of arriving at a positive diagnosis of gastric ulcer, he claimed at the same time that under certain circumstances that diagnosis could be surely and unhesitatingly made. The grounds for arriving at this diagnosis he declared were supplied by certain important symptoms which, when present, could denote no other malady. These symptoms were— pain, vomiting, derangement of the digestion, and hæmorrhage. In addition, he stated that the age, sex, and, in his opinion, the state of the menstrual function, afforded valuable aids towards perfecting the diagnosis. Having at some length remarked upon each of these heads, he next proceeded to discuss the etiology of the disease, referring to the labours of Rokitansky, Virchow, Pavy, and others who had advanced knowledge upon the subject to its present stage. Finally, he recapitulated the number of items of treatment which he had been accustomed to rely upon. It was as follows: *Regiminal*—He enjoined rest in bed, and secured the repose of the stomach by allowing only small quantities of nutriment to be taken, with long intervals between. Such nutriment consisted of milk with soda-water, or lime-water, and clear-strained beef-tea- *Medicinal*—He prescribed opium to allay pain, gallic acid to arrest hæmorrhage or other discharges, and bismuth in a formula which he recited, to arrest and cure the ulcerative process. He expressed an opinion that bismuth in the form of the liquor bismuthi possessed something approaching a specific curative action

in gastric ulcer, and he suggested that this might be due to the alkalinity of the solution, which restored, perhaps, the equilibrium in the chemical economy of the gastric processes which had been disturbed by the initiatory pathologic changes which determined the formation of the gastric ulcer.

SURGICAL NOTES.

GUY'S HOSPITAL.

As in matters of mere worldly interest, we cannot in the practice of medicine and surgery afford to despise the day of small things. At a recent visit to Guy's we had an opportunity of observing some striking illustrations of the importance of attending to minute and apparently trivial details in surgical diagnosis. An old man about seventy years of age had fallen down, and sustained some injury about the upper part of the thigh near the hip-joint. He was unable to walk, and was therefore taken to the hospital, where he was admitted into Job ward. There was some shortening of the right lower extremity, and great impairment of movement. The actual nature of the disease was not apparent, but it was probable that there was fracture at the neck of the femur. To ascertain definitely what was the seat of the shortening, Mr. Bryant adopted an ingenious, and, we believe, novel device. The measurements from the tip of the trochanter major to the lower border of the patella were first taken, and found to be equal on both sides. The question therefore was whether the shortening was at the neck of the femur. For this purpose, the patient being in bed, a vertical line was drawn from the tip of the anterior superior iliac spine on the outside of the hip to the horizontal plane of the body, then a second line from the tip of the trochanter major was drawn at right angles to this vertical line. The length of the second line was then measured and found to be three-quarters of an inch shorter on the injured side than a similar line on the opposite side of the body. By this means it was incontestably shown that the shortening of the limb was entirely in the neck of the bone. Mr. Bryant has employed this mode of determining the shortening of the neck of the femur for some time past, and has found it of great utility. We refrain from saying more on the matter at present as we understand that a paper on the subject, illustrated by diagrams, will shortly be read at a meeting of the Medico-Chirurgical Society. It seems, however, that "Bryant's line" will henceforth be as important in determining shortening at the neck of the femur as "Nélaton's line" is in the diagnosis of dislocation of the head of the bone.

At the same visit we saw some cases in which the cleft of the soft palate had been very accurately closed by a slight modification of the usual operation. Mr. Bryant remarked that after paring the edges of the soft palate there is often great difficulty in getting perfect apposition after passing the needles carrying the sutures. To obviate this difficulty the needles with the sutures were passed first, then the edges were pared and brought accurately into position. In the three or four cases in which this modification has been employed the success has been gratifying.

There is at the present time an interesting and remarkable case in the Astley Cooper ward. About two months ago a boy, aged eighteen, was standing on a stack of hides, when a man caught him by the right leg, ahd endeavoured to pull him down. The patient strongly resisted, and felt something suddenly snap in his right groin. He immediately experienced great pain, was unable to walk, and in two hours found a swelling in the right groin close to the pubes. Beyond the swelling in the groin nothing amiss was found when the patient was admitted into the hospital. After being in the hospital for abont three weeks the patient felt a hard mass extending from the swelling in the groin into the right inguinal and hypogastric regions, just above the brim of the pelvis. The tumour has gradually increased in size, and now extends up to the umbilicus. To the touch it is somewhat nodular and semi-elastic. The bladder seems to be pushed over to the left side, and lies just above the pubes. From the history and the characters of the tumor it is feared that it is a medullary growth. —*The Lancet.*

IS PUERPERAL FEVER CONTAGIOUS?

In the *Journal* of January 16th, is recorded the committal of a midwife for trial on a charge of manslaughter by conveying puerperal fever to patients; and the important question is asked, "Is it certain that puerperal fever is contagious?" Most practitioners, I imagine, would answer unhesitatingly in the affirmative. As bearing on this question, the following cases have occurred in my practice during the last few weeks.—*Case 1*, Dec. 23rd, 1874. Mrs. A. had her first labour; the presentation was natural, and the labour fairly easy; peritonitis set in on the fifth day, and death occurred on January 2nd, 1875. The lacteal secretion was scanty from the first; the lochia were satisfactory to the last. Previously to this I had not had a case of peritonitis for several years. *Case 2*, December 28th, 1874. Mrs. B. was confined; the presentation was natural, and the labour easy. She recovered without a bad symptom. *Case 3*, January 3rd, 1875. I delivered Mrs. C. The presentation was natural, the labour easy. Recovery took place without a bad symptom. *Case 4*, January 5th, 1875. Mrs. D. was delivered. The presentation was footling, the labour

tedious, requiring more manual assistance than usual. She recovered without a bad symptom. *Case 5*, Jannary 5th, 1875. Mrs. E. was confined for the first time. The presentation was natural, the labour was fairly easy. Peritonitis set in on the fifth day, and she died on January 13th. In this, as in the first case, the lacteal secretion was scanty, but the lochia satisfactory throughout. *Case 6.* On January 14th, 1875, I was requested to attend Mrs. F., which I declined to do, and advised that another practitioner should take charge of the case. Calling next day to inquire after the patient (as I had attended all her family for many years), I found that, instead of having other medical assistance, she had been delivered by her mother, who had not only assisted to nurse the last case, but had actually helped to wash and lay out the corpse. Recovery took place without a bad symptom. I offer no remarks on the foregoing cases; I simply submit them to the consideration and comments of my brother practitioners. JOHN A. ORR, A.B., F.R.C.S.I.,&c.—*British Medical Journal.*

ACTIVE DILATATION OF THE BLOOD-VESSELS.

The contraction of the smaller arteries through nervous agency has now been demonstrated by so many experiments, and is so entirely in accordance with the results of anotomical and microscopical examination, that it may be regarded as one of the best-established facts in physiology. Within the last few years a special name—the vaso-motor system of nerves—has been applied to them; and quite recently a very interesting course of lectures has been delivered upon them by Professor Vulpian before the Faculty of Medicine in Paris. We shall not follow him in his *aperçue* of the principal events in the history of these nerves, nor adduce any of the facts he has so diligently collected in proof of their power of effecting contraction of the vessels, but shall refer only to the phenomena of *active dilation*, and the various theories that have been advanced to account for it. That such dilatation can be effected through the nervous system is unquestionable. In the first place, we have the experiments, often repeated, of Bernard, on the effects of irritation of the chorda tympani, or of its peripheric extremity, when divided, on the circulation and secretion of the submaxillary gland. After such irritation, the vessels dilate, the flow of blood is freeer, the pressure rises, and the secretion of saliva is augmented. Similar effects were observed by Bernard in the parotid on irritation of the auriculo-temporal of the fifth, and also—though his experiments on this point have not been corroborated by subsequent observers—on irritation of the peripheric extremity of the cut vagus in the kidney; in this instance the vessels of the kidney becoming enlarged and the flow of urine increasing. Finally, we have the experiments of Eckhard on the *nervi erigentes*, irritation of which is followed by dilatation of the vessels of the penis and erection. Amongst the various theories that have been put forward to explain these facts, that of Schiff may first be mentioned, who believes that, as there are nerves which by their action cause muscular fibre to shorten, so there are others the direct action of which is to cause it to lengthen. It must be admitted, however, that no corroborative evidence can be obtained to support this view, and that all known physiological facts in regard to the action of nerve on muscle are opposed to it. As M. Vulpian observes, the term "active dilatation" is somewhat misleading. If it means only that dilatation follows nervous excitation, nothing can be better; but if by it we mean that the nerve-fibres act directly on the muscular fibres, the proposition is inadmissable. In regard to the arteries the difficulty cannot be overcome by supposing that the nerves act by shortening them, and so increasing their calibre; for they contain no longitudinal fibres. A second explanation that has been offered is, that a constriction of the veins, returning the blood from the part, is effected by nervous irritation; an obstruction to the flow of blood is thus produced, the effect of which, travelling backwards, leads to enlargement, first of the capillaries, and then of the arteries. It so happens, however, that the veins can be shown to dilate as well as the smaller arteries, and the pressure of the blood as well as the rapidity of the circulation increases, which are facts at variance with the explanation. M. Legros has endeavored to explain the action of the dilator nerves in another manner. He maintains that, in the ordinary condition of the circulation, the arteries are the seat of peristaltic movements passing towards the periphery; and he thinks that the excitation of these nerves exaggerates the activity of these movements. But this has met with little favour, especially as the existence of the peristaltic movements has not been perfectly established. Brown-Sequard, again, maintains that the dilatation of the vessels on nervous irritation is not primary but secondary, and is dependent on the action of the nerves on the anatomical elements of the tissues; and thus there is, as Carpenter has endeavoured to demonstrate, a *vis a fronte*. But Bernard has shown that dilatation precedes the secretory action of the gland; and V. Wittich has pointed out that, in curarised animals, the secretion is abolished before the nerves lose their power of dilating the vessels. The last, and it appears to us the best, explanation is that given by M. Vulpian himself. The phenomena, he maintains are those of inhibition. Under ordinary circumstances the vessels are kept in a permanent state of contraction or

tone by the vaso-motor nerves. These present in their course and near their extremities certain ganglia; and connected with these ganglia are other nerves, possessing an inhibitory or restraining power over the generation or discharge of their motor force. If these be excited, the action of the ganglia is suspended, and the vessels, no longer receiving the force requisite for their contraction, yield to the pressure of the blood, and undergo dilatation. The analogy here exhibited to the motor and inhibitory nerves of the heart is sufficienlly striking, and most, if not all, the phenomena of active dilatation of vessels receive a satisfactory explanation on this supposition.—*The Lancet.*

GENESIS ACCORDING TO SCIENCE (SO CALLED).

We cannot resist giving our readers the amusement—though the feeling excited, will probably be by no means one of unmixed amusement—of reading the following smart concrete statement of some modern "scientific" schemes of creation from one of our Transatlantic contemporaries :—

"*The New Scriptures, according to Tyndal and others.*

"1. Primarily the Unknowable moved upon cosmos and evolved protoplasm.

"2. And protoplasm was inorganic and undifferentiated, containing all things in potential energy; and a spirit of evolution moved upon the fluid mass.

"3. And the Unknowable said, Let atoms attract; and their contact begat light, heat, and electricity

"4. And the Unconditioned differentiated the atoms, after its kind; and their combinations begat rock, air, and water.

"5. And their went out a spirit of evolution from the Unconditioned, and, working in protoplasm by accretion and absorption, produced the organic cell.

"6. And cell, by nutrition, evolved primordial germ, and germ developed protogene, and protogene begat eozoon, and eozoon begat monad, and monad begat animalcule.

"7. And animalcule begat ephemera; then began creeping things to multiply on the face of the earth.

"8. And earthy atom in vegetable protoplasm begat the molecule, and thence came all grass and every herb in the earth.

"9. And animalcule in the water evolved fins, tails, claws, and scales; and in the air wings and beaks; and on the land they sprouted such organs as were necessary as played upon by the environment.

"10. And by accretion and absorption came the radiata and mollusca, and mollusca begat articulata, and articulata begat vertebrata.

"11. Now these are the generations of the higher vertebrata, in the cosmic period that the Unknowable evoluted the bipedal mammalia.

"12. And every man of the earth, while he was yet a monkey, and the horse, while he was a hipparion, and the hipparion before he was an oredon.

"13. Out of the ascidian came the amphibian and begat the pentadactyle, and the pentadactyle by inheritance and selection produced the hylobate from which are the simiadæ in all their tribes.

"14. And out of the simiadæ the lemur prevailed above his fellows and produced the platyrhine monkey.

"15. And the platyrhine begat the catarrhine, and the catarrhine monkey begat the anthropoid ape, and the ape begat the longimanous ourang, and the ourang begat the chimpanzee, and the chimpanzee evoluted the what-is-it.

"16. And the what-is it went into the land of Nod and took him a wife of the longimanous gibbons.

"17. And in process of the cosmic period were born unto them and their children the anthropomorphic primordial types.

"18. The homunculus, the prognathus, the troglodyte, the autochthon, the terragen—these are the generations of primeval man.

"19. And primeval man was naked and not ashamed, but lived in quadrumanous innocence, and struggled mightily to harmonise with the environment.

"20. And by inheritance and natural selection did he progress from the stable and homogeneous, to the complex and heterogeneous; for the weakest died, and the strongest grew and multiplied.

"21. And man grew a thumb, for that he had need of it, and developed capacities for prey.

"22. For, behold, the swiftest men caught the most animals, and the swiftest animals got away from the most men; wherefore the slow animals were eaten, and the slow men starved to death.

"23. And as the types were differentiated, the weaker types continually disappeared.

"24. And the earth was filled with violence, for man strove with man, and tribe with tribe, whereby they killed off the weak and foolish, and secured the survival of the fittest.—*Med. Times and Gazette.*

MAMMARY ABSCESS.—Quinine in full doses soon as chill occurs. Cease nursing at once, and remove the milk by hand rubbing, covering the parts with warm lard, and rubbing from the base of the gland towards the nipple.—*Medical Record*

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TORONTO, MARCH 1, 1875.

TORONTO ASYLUM FOR THE INSANE.

We regret to hear that the able Superintendent of the Toronto Lunatic Asylum has forwarded to the Government his resignation, on the ground of advanced age. Everyone may be said to write his own epitaph in the course of his daily life. What a noble record will then be furnished by a retrospect of the past twenty-five years' occupancy of Dr. Workman's post of Superintendent of the Toronto Asylum. To comprehend more fully the great and self-denying work, we will take a brief circumspective review of the condition and management of the insane for the last seventy years, commencing at the Hospice, called Maison Royale de Charenton. It was at this immense asylum that those great men, Pinel and Esquirol, first saw the dismal scenes of a mad-house, and it was from the information derived from thence that they prepared themselves for that mission of philanthropy and justice to which they so nobly devoted themselves. We quote Esquirol's own words on the state in which the miserable inmates were kept about the beginning of the present century: "I have seen them naked, or only covered with rags, and having nothing but a little straw between them, and the cold damp pavement, on which they were lying. I have seen them fed with unclean and insufficient food, without water to quench their thirst, almost deprived of air to breathe, and totally destitute of the most necessary articles of life. I have seen them abandoned to the brutal violence of men who were no better than gaolers, and confined in close, noisome, dark cells, chained one to the other, and where even the wild beasts, which the vanity of almost every Government maintains in their capitals, would not be kept." At the Salpetriere and Bicetre, the first a hospice for women, the second for men, the condition of the patients was much the same as at Charenton. Under the superintendence of M. M. Fabret and Milivié, at the Salpetriere, much was done for the comfort of the poor creatures entrusted to their care, and at the Bicetre, M. M. Voisin and Seuret worked wonders in the field of philanthropic labour to which they devoted themselves. In England similar reforms were carried out at Bethlem Hospital, at Wakefield, and Hanwell, the latter under the superintendence of Dr. Conolly, the most active promoter of what is called the non-restraint system. In Combes' work on Moral Insanity the following picture of the way in which the insane were treated in Pennsylvania, in 1841, is to be found: "By information derived from about half the counties of the State of Pennsylvania, a committee of the House of Representatives ascertained and reported that in a population of nearly 800,000 there are upwards of 1,100 insane persons, and not less than a thousand of those unfortunates kept in County poor-houses and prisons, or in families at auction prices. In one county, of forty persons more or less deranged, seven are confined in cells which are nearly if not quite under gronnd. They may be seen from without, through iron bars in the cellar windows. In Toronto, in 1836, and for some years after, the insane were kept in the common goal. The medical attendant at the time, hastily we presume, attributing the disturbance of the intellectual and moral faculties to inflammatory action of meninges or to supposed changes of structure, adopted a uniform cast-iron treatment, heads shaved, and free use of tartar emetic and sulphate of magnesia. To this distressing portraiture of the treatment of the insane within the last forty years, what a delightful contrast do our Asylums in the Dominion now afford. Whilst disapproving generally of coercion, the Superintendents for the most part consider, that the modified restraint of the muff may be useful and must be necessary in certain cases. That insanity, when not associated with corporeal disease, or suffering, is most efficaciously relieved or even cured by appropriate moral treatment, whereas physical means or corporeal medication are of little avail. That in true insanity, let its variety be what it may, even acute

mania, in which the whole faculties of the mind are in a state of great confusion, there are no corporeal symptoms to which the psychological phenomena can be referred; for although it cannot be denied that in cases either of acute mania or melancholy some symptoms of bodily disorder may at times be discovered, yet these are so disproportionate to the mental affection, and are so uncertain and variable in their appearance, that they can hardly be considered as essentially connected with the malady.

The treatment may be summed up in kindness, justice, occupation, amusements, *i. e.* cards, billiards, music, cricket, the prevention of bad habits, and the conceding of as much liberty as is consistent with safety.. M. Brierre de Boismont is of the opinion that mental alienation keeps pace with the development of the intellect. Esquirol also held that moral causes were more influential in producing insanity than physical ones. Recent English writers on the statistics of insanity have adverted to its alarming increase. Dr. Workman in his reports has frequently pointed out the necessity for augmented Asylum accommodation and no better endorsation of the need for these appeals to the Legislature can be found than the presence of these unfortunates in our common goals, often there detained for a long period before vacancies can be found for them either at the London, Toronto, or Rockwood Asylums. It must be apparent to all that incarceration in the cells of a goal is scarcely likely to minister to the cure of minds diseased, and that in many instances the acute period of the disease—the most amenable to treatment—will have passed over before they are received into an Asylum in a state of confirmed and hopeless insanity. In the *London Medical Gazette* for December last, it is stated, the subject of the increase of lunacy in the Metropolis was brought before the Hackney Board by Mr. Bennett. He said they have 307 lunatics in different asylums, as against 277 in the corresponding period of last year. These statistics would then show that insanity is developed more than in proportion to population. The experience of specialists points to success in treatment, as resulting in a greater degree from moral revulsion, than from any drug action, the skill of the physician being tasked in their individual application; continued care, and indefatigable surveillance, are the *sine qua non* for success. Dr. Workman's resignation with intellect undimmed, judgment matured, and experience ripe, would be a matter of regret both to the profession and public at large. We would fain hope that so far his invalidism does not indicate an early bidding the world "Good night," and that if unfortunately he has resolved upon resigning the office of Superintendent, he would at least give a portion of his time to the great work he has for so many years been engaged in, as consulting physician. We believe it was John Hunter who once said of Medical Science, "There are more false facts than false theories in it." It is only by training the mind to the habits of calm and comprehensive reasoning, so that it may avoid on the one hand hasty and unwarranted conclusions, and on the other a stubborn incredulity, and that it may know how to discriminate right from wrong, truth from error, to sift evidence, to weigh statements, to test quasi discoveries, whether in trying new medicines or methods of treatment; it is only by such a course the character of a philosophic physician can be attained. Dr. Workman has proved to be such a man; we regret the more the probability of losing him from the post where he has for so long attracted public attention, but doubt not that he has been so fortunate as to win—

> "That which should accompany old age,
> As honour, love, obedience, troops of friends,"

and conclude with the Oriental salutation: "May you live a thousand years."

SURGICAL DENTISTRY.

In these days of medical and surgical specialism, it may seem contrary to the spirit of the times to advise the cultivation of universal medicine and surgery, to the extent even of rescuing branches which have almost passed beyond the domain of the city general practitioner like that of surgical dentistry, for instance. And yet we cannot but think this branch of surgery is too much neglected in this country. It, as a matter of fact, is almost altogether untaught in the collegiate surgical courses; and if it be expected that the student shall pick up the art of extracting and operating upon the teeth in the course of his pupilage and service in the office of his preceptor, the expectations will come to naught, unless indeed

he be placed with one who, like the genial RUSTICUS of the *Boston Medical and Surgical Journal*, practised tooth-pulling, and carried his forceps and dental armamentarium about with him, in a trunk lodged in the back part of his buggy. Like the New England country doctor, the Canadian practitioner is called upon to pull out his patient's bad teeth, and to stop a commencing cavity—services which, if he can properly perform them, are of equal value to his clients, and as decidedly humanitarian, as many of the other means of relieving suffering which the doctor has at command. But the college student is left to pick up these little dental arts as best he can, either by reading the scant references of the general surgical treatises, or still better if he can gain access to them by consulting text-books on dentistry. We submit that the subject of surgical dentistry should not be lost sight of at college, and that it would be well if the student training, himself for the duties of a general practitioner, had opportunities presented him during his college course, of knowing something of mechanical dentistry as well. The argument of the necessity of preparation and fitness for the performance of duties may be adduced to support this view; and an inducement equally strong may be cited, that a practical knowledge of dentistry would be of great service in helping the young medical practitioner to establish himself in practice, by assisting him to bridge over that financially difficult period in his early career when he is supposed to be acquiring "experience," and when he is the recipient of but few medical confidences and of only scanty fees. Further, we hazard the opinion that the art and practice of dentistry itself would gain by the services which an intelligent body of medical students, trained in chemistry and having a complete knowledge of anatomy and materia medica, could bring to bear on dental science.

THE ARMY MEDICAL SERVICE.

The London *Lancet* raises a note of alarm that the British Army Medical Service is in an unsatisfactory state, and is unequal to stand the strain of service in the field. It says:—"It is obvious that the first war of any magnitude can only find us in a state of inefficiency and unpreparedness, as far as the medical department is concerned unless something be done." The *Lancet* dwells upon the necessity of the medical organization of the army being entirely independent of combatant officers. It maintains that the medical officers, if uncontrolled by the military staff, would be perfectly competent to manage their own affairs, and to superintend and administer the hospital with entire success. Happily there is no great war in prospect, or else the British public, almost always prone to take up an alarm, would be greatly agitated over this warning, and we should find the press dreading with great anxiety the possibilities of a break-down, such as that which befel the French medical service in the great strain of the war with Prussia. We take it, however, that the moral of the discussion is applicable here in Canada, namely, that medical men deserve to assert themselves.

A SUPPOSED CASE OF TRANCE.—A paragraph has been going the rounds of the daily press in Toronto, that a lady in this city having died very suddenly, and the body presenting certain peculiar appearances, was supposed to be in a trance, and that several medical men, the writer among others, had advised the friends not to bury the body for a few days. So far as the opinions of the medical men were concerned this was not true. The lady, lately a resident of Papineauville, Que., died suddenly (it is supposed from heart clot) two weeks after her confinement, and her remains were brought to this city for interment. The corpse was placed in a warm room, and after a certain time the ears and integument on the back of the neck presented a reddish appearance. The friends thought this was evidence of returning vitality. Several medical men were consulted, but they all, so far as known to us, unhesitatingly gave it as their opinion that the woman was dead.

HONORS TO CANADIANS.—Dr. Robert Kains of St. Thomas, successfully passed his examination before the Royal College of Surgeons, England, on the 25th January last, and was admitted as a member of that body. Of the 24 candidates who presented themselves on the same day only 12 were successful. Notwithstanding the large number rejected, from year to year, it is highly gratifying to be able to state that very few Canadian students are among the unfortunates.

QUACKERY AND ITS UPHOLDERS.—We give place this month, in another column, to a letter from a medical practitioner, in reference to an advertising humbug who travelled through the country flaunting the names of prominent practitioners, professors and others, as references, as to his *great* abilities as an *oculist*. We cannot but express our surprise that those medical gentlemen whose names are appended to his advertisements, should have sanctioned the use of their names to further the interests of any peripatetic specialist of whatever stripe. These medical humbugs are easily known by their obliging manners, flaming advertisements, and presumptious self-assertion, and members of the regular profession cannot be two cautious in lending the use of their names to such individuals.

THE HOMŒOPATHS AND THE COUNCIL.—The Homœopaths have reconsidered their determination to remain out of the Council, and have determined to give it another trial under the new Act. The election of their representatives will take place at the same time as for the general profession, viz., in June next. They found it was utterly useless to go before the Legislature, to seek separate legislation, unless they had something more than a mere sentimental grievance to complain of. They had not given the new Act, which everybody considered as exceedingly liberal in its terms towards them, a fair trial, and until that has been done the Legislature could not entertain their proposals. We trust that the new Council will so manage its affairs as not to give even the semblanee of unfairness towards the minority.

PINUS CANADENSIS.—The Pinus Canadensis has long been known to possess valuable medicinal properties, yet its application has hitherto been limited. Its therapeutical properties have been thoroughly tested during the past few years, by some of the most prominent physicians in America and Europe, and the almost universal testimony is that it possesses tonic and astringent properties of a very superior order. Dr. Marion Sims, in speaking of its application, says :—"I have used it, considerably diluted, as a vaginal wash, with great success ; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine, or glycerine and rose water. Thus applied, it should remain in contact for two or three, or even four days, and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days that had resisted the ordinary remedies for weeks, and have seen granular erosions, with leucorrhœa, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our Materia Medica." He uses Kennedy's Concentrated Extract, and gives it his unqualified endorsation.

FUNCTION OF THE OPTIC THALAMI.—It is now held, as the result of experiments similar to those of Dr. Ferrier in the localization of brain centres, that the optic thalami are centres in which originate movements that correspond to sensory impressions. That is to say, an impression originating at the cutaneous surface (say, by pinching the skin) travels along the sensory nerves to an optic thalamus, and is returned or reflected back by an impulse which originates a movement (as of shrugging) in the voluntary muscles of the locality subjected to the impression.

TYPHOID FEVER IN THE ROYAL FAMILY.—The illness of Prince Leopold has drawn attention to the repeated visitations of enteric fever which have afflicted the Royal Family of Great Britain. A scourge which carried off the Prince Consort, and jeopardized the life of the Prince of Wales, has now lighted on a weakly-constitutioned youth, whose well-known hæmorrhagic diathesis makes an attack of this fever a matter of more than usual anxiety. Sanitarians, with logic on their side, insist that typhoid is a preventible disease ; and that its causative conditions are connected with defective drainage and water supply. The fact that the domestic circle of royalty itself has been repeatedly invaded by a disease born of putrescence, denotes that a great work of sanitary economy has yet to be done, as well at the palace as at the cottage and the crowded street-tenement.

A NEW AND POWERFUL SUDORIFIC.—The new Brazilian Sudorific, Jaborandi, is receiving considerable attention in Britain and the Continent, and experiments seem to justify the early reports of its powerful sudorific properties. The herb is given in infusion warm or cold, and is followed in about

ten minutes by profu eperspiration, which continues four or five hours. A most abundant flow of saliva is also produced. Dr. Sidney Ringer, and Mr. Gould, of London, Eng., have made a series of experiments, which have in the main confirmed the above statements regarding the action of this new remedy.

UNIVERSITY OF LONDON.—The Public Health Act of Great Britain has created a demand for specially trained analysts and officers of health. With a view of conferring a qualification in this special department of medical studies, the Senate of the University of London is contemplating the institution of a special examination in the subjects which relate to public health; a course which has been recommended by a vote of Convocation.

DR. HINGSTON.—We are happy to notice the success of our friend Dr. Hingston. He has been elected Mayor of the city of Montreal by over *three thousand* votes.

Reports of Societies.

WESTERN AND ST. CLAIR DIVISION MEDICAL ASSOCIATION.

A meeting of the medical men of this Division was held in the Garner House, Chatham, on Wednesday, the 10th ult.

The following gentlemen were present, viz.: Drs. Edwards and Hoare, of Strathroy; Coventry and Carney, of Windsor; Fraser and McLean, of Sarnia; Mott, of Dresden; Mitchell, of Wallaceburg; Van Velsor and Richardson, of Blenheim; David, of Lambton; Tye, of Thamesville; and Sivewright, Holmes, Fleming, Roe, Van Allen, Murphy and Bray, of Chatham. Dr. Edwards took the chair, and, in opening the proceedings, said, that he was much pleased at seeing so many of his medical brethren present; he considered it a good representation, and better than he expected, showing that medical men were taking more interest in their own affairs now than they formerly did. They were in a position different now from what they were in former days, having just passed through a kind of crisis. They obtained their end, but it required much watchfulness and lobbying to do so. He believed they had now a bill which they might be proud of, but they wanted still more legislation. For instance, there ought to be a provision, whereby medical men should be paid for their services as witnesses in criminal cases; there should be a resolution in prosecutions for malpractice. Their's was a noble profession, and he believed the time would come when there would be reciprocity established between the different schools. English doctors came to this country to settle, but were told that they could not be registered until they had undergone certain examinations; and it might be the same with Canadian doctors changing to the old country, whereas he believed that medical education here was second to that of no other country, and the difficulty he alluded to ought to be done away with.

The meeting was called together particularly to form a Territorial Society for the district he represented, and afterwards the transaction of such other business as they might judge best for their interests. In his own immediate quarter they had formed a Society and agreed upon a tarift of fees, but, on applying to have the seal of the Council attached to it, it was refused. However, if the whole district formed a Territorial Society and drew up a table of fees, these would become legal by getting the sanction of the Council, and by the local Society adopting them, the difficulty would be obviated.

He was glad to say that the difficulty with the homœopaths had been got over and that they were now willing to return; they had been allowed every privilege by being granted a Bill of their own, and he had seen several of them who expressed a willingness to work with them. As for the Electics, they had always been with them, and were so to-day; they were educated men and could be taken by the hand by all.

The Bill that the Council now possessed he believed to be a good one, as was shown by the difference in the numbers allowed to pass in former days, compared with now. And he believed their neighbors on the other side of the line are taking the same stand, and that it was not now so easy to pass there as even a few years ago.

At the Chairman's suggestion, the formation of the Association, to be called the "Western and St. Clair Division Medical Association" was then carried out by the appointment of the following officers, and adopting of subsequent resolutions, viz:

President, Dr. Edwards, of Strathroy; Vice-Presidents, Dr. Hoare, of Strathroy; Dr. Fraser, of Sarnia; Dr. Holmes, of Chatham; and Dr. Coventry, of Windsor—one from each County of the Division; Treasurer, Dr. Tye, of Thamesville; Secretary, Dr. Bray, of Chatham.

The President and Vice-Presidents were, on motion, appointed a committee to draft a tariff of fees, to be submitted at a future stage of the meeting, for approval and adoption.

On motion of Dr. Fleming, seconded by Dr. Roe, Dr. Sivewright was asked to prepare for and read a paper at the next meeting of the Associa-

tion, on a subject to be chosen by himself and addressed to the Secretary in due time. And, on motion of Dr. Coventry, seoonded by Dr. Sivewright, Dr. Andrews, of Windsor, was asked to do the same thing—one of the papers to be read in the morning and the other in the evening.

It was moved and carried that there shall be four meetings of the Association during the year—at Chatham, Windsor, Sarnia and Strathroy—viz: on the first Wednesdays of February, May, August and November, and that the next meeting be held at Windsor, in May next.

On motion, an annual fee of one dollar was fixed upon, payment of which shall constitute membership.

On motion, Drs. Murphy, Roe, Fleming and VanAllen were appointed a committee to draw up a code of Ethics for the government of the Association, the same to be presented at its next meeting.

On motion, Drs. VanAllen, Fleming, and Roe were appointed a Printing Committee. And this committee and the Vice-President for Kent were appointed a committee to draft by-laws for the Association, to be submitted at its next meeting.

On motion, the Chiefs of Police of Towns and Chief Constables of Villages were appointed as Public Prosecutors of the Association.

Before adjourning, Dr. Bray, in behalf of the Chatham Medicos, invited their visitors to partake of their hospitality, in the way of a Supper at the Garner House at 9 o'clock in the evening, which was accepted by Dr. Edwards on behalf of himself and his friends from a distance. The meeting then adjourned to allow the committees to get to work.

The following is the tariff of fees adopted by the Association.

Day visit in Town or Village, from 8 a. m. to 8 p. m. from	$ 1 00	to $ 3 00
Night visit 8 p.m, to 8 a.m., from	2 00	5 00
Visit to Small Pox Patients in Town, from	5 00	10 00
Mileage, Day, from	50	1 00
Night 50 per cent. added.		
Advice in Office, from	1 00	5 00
Consultation with another Physician, from	2 00	10 00
Written Opinion	5 00	5 00
Stethoscopic Examination of Chest, from..	2 00	5 00
Vaccinating first child in a family	1 00	1 00
Each additional one at same time	50	50
Administration of an Anæsthetic, from	5 00	10 00
Attendance on ordinary case of Midwifery, from	6 00	20 00
Turning or Instrumental Delivery, from.	10 00	30 00
An extra charge of $1.00 an hour after six hours.		
Removal of Placenta, from	5 00	10 00
If Delivered before arrival same charge.		
Consultation in Midwifery, from	10 00	30 00
Mileage in addition in all cases.		
Simple Fracture, from	5 00	10 00
Compound, Comminuted or Complicated..	10 00	10 00
Reduction of Dislocated Hip or Knee, from	20 00	50 00
Any other Dislocations, from	5 00	20 00
Compound or Complicated Dislocations, 50 per cent. added.		
Major Amputations, from	$20 00	100 00
Minor Amputations, from	5 00	20 00
Reduction of Hernia by Taxis, from	5 00	20 00
Reduction of Hernia by Operation, from..	30 00	100 00
Tapping the Chest, from	15 00	40 00
Tapping the Abdomen, from	5 00	20 00
Tapping Hydrocele, with Radical Cure, from	5 00	30 00
Introduction of Catheter or Sound, from..	2 00	5 00
Sounding for Stone, from	5 00	10 00
Speculum Examination, from	5 00	10 00
First Examination of Veneral Disease, from	5 00	10 00
Operation for Lithotomy, from	100 00	200 00
Trephining, from	50 00	100 00
All Appliances in Surgery extra.		

NORTH ONTARIO MEDICAL ASSOCIATION.

The second meeting of the North Ontario Medical Association was held at Planks' Hotel, Uxbridge, at 7 o'clock, p.m., on Monday, 27th January.

Members present—Drs. R. W. Forrest, J. D. Smith, J. Robinson, W. S. Black, G. L. Freel, J. Bascom, J. Hillary.

In the unavoidable absence of the President, it was moved by Dr. Forrest, seconded by Dr. Black, and carried, that Dr. Bascom take the President's chair. Minutes of last meeting were read and, on motion, confirmed. The Secretary presented his accounts for Printing, etc.

Moved by Dr. Black, seconded by Dr. Freel, and carried: That the annual fee for membership of this Association be $1.00, and that each member receive a framed copy of the Tariff, on payment of same.

After mature deliberation and discussion, it was moved by Dr. Forrest, seconded by Dr. Freel, and carried: That this Association adopt, as a guide for professional intercourse, etc., American Medical Association Code of Ethics.

Moved by Dr. Black, seconded by Dr. Smith, and carried: That the Secretary continue his efforts to obtain the signatures of the medical men of the surrounding district.

The Secretary read letters of apology from Drs. Strange, Hillary and Fulton, expressing their regret at not being able to be present, and wishing the Association every success.

Moved by Dr. Forrest, seconded by Dr. Robinson, and carried: That it was much to be regretted, the smallness of the meeting, no doubt owing to the drifted state of the roads and difficulty of travel; and therefore it is advisable that this meeting do now adjourn, to meet again at the call of the Secretary, the last week in February, 1875, at Plank's Hotel, Uxbridge, at 7 o'clock, p.m.

The meeting adjourned at midnight. The following is a copy of the tariff of fees adopted by the Asssociation:

MEDICINE.

For Medical Advice in office, with or without Medicine	From $0 50 to	$1 50
" Visits in the Villages during the Day		1 00
" " " Night		2 00
" " into the Country, one mile or less		1 00
" " " each mile after the first		0 50
" " " by night one mile or less		2 00
" " " " per mile		0 75
" Consultation Visits, an extra fee of	From $1 00 to	2 00
" Medical Certificates of any kind (mileage as above)		5 00
" Unusual detention, every hour after the first, by day		0 50
" " " " " " by night		0 75

SURGERY.

For Capital Operations, as Lithotomy, Amputations of Upper and Lower Extremities, Removal of Large Tumors, Operations for Cataract, &c	From $20 00 to	$50 00
" Minor Operations, as removal of Tonsils, Amputation of Fingers, cutting for Fistulæ, small Tumors, Hydrocele	" 5 00 to	10 00
" Catheterism, Use of Probang or Bougies	" 1 00 to	2 00
" Setting of Fractures of Lower Extremities	" 5 00 to	30 00
" Setting of Fractures of Upper Extremities	" 5 00 to	10 00
" Reduction of Dislocations—Lower Extremities	" 10 00 to	20 00
" Reduction of Dislocation—Upper Extremities	" 5 00 to	10 00
" Bleeding, Vaccination, Tooth Drawing, Opening of Abscesses, Cupping, Seatons, Issues	" 0 50 to	2 00
" Administration of Anæsthetic	" 2 00 to	4 00
" Venereal Diseases (payable in advance)	" 5 00 to	10 00

After attendance in surgical cases, charged as ordinary visits.

OBSTETRICS.

For ordinary cases, each, (no complimentary visits after)	$ 5 00
If more than five miles distant, mileage as above also to be charged.	
If instrumental cases, or those seriously complicated, as with Hemorrhage, Convulsions, &c	10 00
Detention over six hours, per hour, in addition to above	0 50

Accounts to be furnished every three months.

Members of the Association can obtain copies of the Tariff from the Secretary, D. J. J. Hillary.

Books and Pamphlets.

NEAR SIGHT, treated by Atropia. By Hasket Derby, M.D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, at Boston

THE TONER LECTURES. A Study of the Nature and Mechanism of Fever. By Horatio C. Wood, M.D., Philadelphia.

CONTRIBUTIONS TO THE ANNALS OF MEDICAL PROGRESS AND MEDICAL EDUCATION IN THE UNITED STATES, before and during the War of Independence. By Joseph M. Toner, M.D.

MIGRANTS AND SAILORS, considered in their relation to the Public Health. By John M. Woodworth, M. D., Supervising Surgeon United States Marine-Hospital Service, and Heber Smith, M.D., Surgeon United States Marine-Hospital Service, Cambridge, U.S.

REFLEX IRRITATIONS, throughout the Genito-Urinary Tract, resulting from contraction of the Urethra at or near the Meatus Urinarius, Congenital or acquired. By Fessenden N. Otis, M.D., New York.

SCLERITIS SYPHILITICA. Its Pathology, Course and Treatment By Fred. R. Sturgis, M.D., New York.

CASES OF HYSTERIA, Neurasthenia, Spinal Irritation, and Allied Affections; with remarks. By Geo. M. Beard, M.D., New York.

REPORTS OF 105 CASES OF OPERATION FOR CATARACT. By Joy Jeffries, M.D., Boston.

BRAITHWAITE'S RETROSPECT for January 1875, replete as usual with careful selections from the the English and Continental Medical Periodicals. Toronto: Willing & Williamson. Price $1.25.

FIFTH ANNUAL REPORT OF THE SECRETARY OF STATE OF THE STATE OF MICHIGAN, relating to the registry of Births, Marriages and Deaths for the year 1871.

This is a very carefully compiled work, and contains a statistical record of the births, marriages and deaths in the State of Michigan, based on the return of births, marriages and deaths made to the State Department by the Clerks of the several Counties of the State. The work is compiled by Dr. Baker, of Lansing, Superintendent of Vital Statistics. The work has been very much delayed owing to the lateness of the returns from a few of the county clerks.

Also the 1st Annual Report of the Society of the State Board of Health, Michigan, for the year ending September 30th, 1873.

PHYSICIANS' CASE RECORD and Prescription Blank Book, published by the Cincinnati Case Record Co.

This is an exceedingly convenient method of keeping a record of all cases under treatment. It

contains a complete visiting list, a form for recording the history of the patient under the physician's care, and the treatment prescribed, and blanks for writing prescriptions, which, being perforated, may be easily torn from the stub end. It is the most perfect method of the kind we have seen. It weighs only four ounces.

DIED.

On the 31st Dec., at Brockway Centre, Michigan, Victoria E. Mills, aged 1 year 11 months and 11 days, beloved daughter of C. Mills, M.D.

At St. John, New Brunswick, on the 1st of January, at the age of 71 years, William Livingstone, Esq., M.D., Edin.

On the 30th Jany., Loranga H., youngest daughter of J. B. Tweedale, M.D., in the 8th year of her age.

On the 5th ult., at the residence of her father, Joseph Van Norman, Esq., Tilsonburg, Roxilana, the beloved wife of L. C. Sinclair, M.D., of acute gastritis.

On Sunday, 21st ult., Marie Ann, daughter of A. DeLaHaye, M.D., aged 8 months.

Medical Items and News.

MASSAGE IN ABSCESS OF THE CORNEA.—In the *Inpendencia Medica*, of Barcelona, Dr. Osio recommends the application of massage in abscess of the cornea. He says that every one unconsciously practices it when rubbing the eyes. At the Ophthalmological congress of 1872, held in London, Donders called attention to the practice as one that had yielded him excellent results. Dr. Osio has employed massage of the cornea with success in certain diseases of the eye. He has more recently combined the use of aqueous vapor with massage. He employs the following method : An apparatus charged with an infusion of chamomile is placed before the patient's eyes (which have been previously covered with a double layer of fine muslin) at such a distance that the vapor reaches the eyes at a temperature of from 90° to 100° F. At the same time massage of the eye should be performed with the fingers over the muslin, rubbing it up and down from side to side, and finally by a circular movement pressing upon the centre of the cornea. At intervals the apparatus may be brought nearer, so that the eyes may for a few moments be subject to steam of a higher temperature than that indicated. This vapor-bath should be continued for a half or three-quarters of an hour, and during this time the massage should be repeated from eight to ten times, with a duration of from one to two minutes upon each occasion.—*Med. Times.*

IS CHOLERA CONTAGIOUS?—Dr. W. Boyd Mushet, in a studied and well written article on the subject, in the *Med. Press and Circular*, makes an observation which holds good in this country as well as in England, and to which we have more than once given expression in this journal. "It is significant," he says, "that those who are most conversant with the disease in England are either non-contagionists or regard it to be but mildly contagious, while those who have had little or no experience of cholera are firmly persuaded of its contagiousness, as were for the most part our predecessors when panic stricken by its appearance at Sunderland in 1831."—*Pac. Med. and Surg. Journal.*

CURE OF INTUSSUSCEPTION BY ENEMATA.—Dr. B. C. Smith, (*Atlanta Medical Journal*), thinks that most cases of invaginated intestine, and many of hernia, are curable by the distention method, if it is pushed sufficiently. He pumps water into the bowels to the extreme endurance of the patient, then desists for a few minutes, preventing its escape in the meantime, and then resumes the pumping, and so on until the obstruction yields. The effect of the distention in an upward direction, he says is illustrated by the effect on hemorroidal tumors, which, though in a state of protrusion and congestion will be readily drawn in by distending the colon with water.—*Pacific Med. Journal.*

TORSION IN HEMORRHAGE. — Mr. Bryant, of Guy's Hospital, London, has been for some years urging the superiority of torsion to the ligature. He does not use the latter even in an amputation of the thigh! In this country he has an ardent supporter in Dr. T. Easley, of Dallas, Texas, who has lately published a pamphlet on the subject. From his little work we extract the method of using torsion, as follows :—

"As to the exact mode in which torsion should be done, there does not appear to be any secret about the matter or any uncommon dexterity required. The vessels of a limb, when the main trunk has been properly secured, generally present fairly enough, and time is allowed to do the work, even leisurely. The vessel is to be drawn out, as in the application of a ligature, then firmly taken hold of with a pair of blunt serrated forceps, and three or more sharp rotations made, the number of these to be regulated a good deal by the size of the artery. Some may find it convenient to steady the vessel with a second forceps, a little above the cut extremity, but Byrant, who has twisted a greater number of arteries than any man living, and who has yet to record a single failure, uses only the one pair."—*Med. and Surg. Reporter Phila.*

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Original Communications.

ON BLOODLETTING.

BY WM. KERR, M.D., GALT, ONT.

The tide of medical practice which has for many years been setting in against bloodletting, till many, perhaps most, practitioners never bled at all, is now beginning to ebb. Having been educated in a period when to omit the abstraction of blood in an inflammatory disease would have been considered most culpable neglect, permit me to make a few remarks, the result of the experience of a good many years. Without attempting to theorize, I shall take a case of enteritis, and tell how it was treated; say that the pain in the abdomen was severe, and increased by the slightest pressure, that there were vomiting and the bowels obstinately constipated. If the patient had taken a purgative it had been vomited, or if retained had produced no effect. Sir Thos. Watson tells what happened to himself when seized with enteritis. At the time referred to he was a young lad, and his medical attendant for two or three days gave him drastic purges, with no other effect than that of increasing his sickness, and adding to the pain in the abdomen. Another physician was now called, who at once bled him copiously, with the immediate effect of producing a call to the night chair. The remainder of the treatment is not mentioned, because most likely there was nothing to be told, nursing for a short time would complete the cure. Sir Thomas in relating the good effect of bloodletting only states what occurred in every case of enteritis, where the remedy was not too long delayed, and what may be now met with, if medical men would only lay aside groundless prejudice, and use their lancets. During the whole course of my own experience I have seen no exception, and no year in which it was unsafe to bleed, the constitution of the disease remaining all along unchanged. I cannot say how often I have without delay, bled the patient to faintness, this being accompanied by a copious evacuation of the bowels, and immediate subsidence of pain. Not unfrequently in the course of twenty minutes, when the patient had rallied, more blood was allowed to flow till some degree of faintness again occurred. Those, like myself, familiar with this mode of treatment, will agree in saying that one or perhaps two free bloodlettings at the beginning, and not very distant from each other, are infinitely preferable to a greater number of small bleedings spread over a longer period. Years ago I was called to a gentleman who had become ill during the night; the attack being so recent I hoped to relieve him by a purgative enema, but it came away bringing nothing with it, and not even discolored. I then proposed to bleed him, but his friends strongly objected, and wished to have the opinion of another medical man, who however did not arrive till sixteen hours had elapsed. He advised calomel and opium, and assured me that bleeding would sink the patient, who it was true was about fifty years of age, always pale looking, and not robust. Notwithstanding this adverse opinion, I bled to faintness with the immediate effect of opening the bowels, followed by great diminution of pain; as soon as he was a little restored the vein was reopened, and more blood allowed to flow. It might be said that the treatment was now ended, he did not sink, calomel and opium were not required, and rest and warmth in bed completed the cure.

Before the use of the lancet had gone into desuetude, the application of leeches was adopted by some, as a sort of compromise, I suppose, but the process being tedious, the medical man, if his time is valuable, cannot wait to determine when the bleeding is to be stopped. By using the lancet the flow of blood is completed in a short time, of itself an important circumstance for the relief of pain, and lastly he judges, and not inexperienced attendants, when a sufficient quantity of blood is abstracted.

Take a case of pneumonia as another illustration of the efficacy of blood-letting. The patient complains of severe pain in the chest, so much increased by inspiration that breathing is short and frequent. He has cough, but every cough greatly aggravates

the pain, and the expectoration has a rusty color. Let a vein be opened, and before the blood has ceased to flow, even before the accession of faintness, he is easier. One or perhaps two bleedings will be required, though seldom so much blood must be abstracted as in enteritis, and in most instances recovery will go on.

The immediate relief given by bloodletting in a case of laryngitis related by Dr. Macnamara in the *London Lancet* had many parallels in former years. In croup, a kindred and more common disease, many illustrations might be found every winter. In one season I treated eleven cases; one of these required only an emetic, the remaining ten were not relieved till they were timeously, I am glad to say, bled to faintness. In every one the cessation of distress was speedy or almost immediate, and recovery rapid. At that time I knew nothing about the narcotic combinations described in this journal; these have enabled me to cure some whom I formerly would have bled, and to save life at a more advanced period of the disease, but my belief in the utility of bloodletting is unchanged.*

A few more diseases will complete the list of those benefitted by bloodletting. Let us now enquire why such a potent remedy has, till of late, been abandoned by most medical men. The answer must be that it was carried too far, and a revulsion was the natural consequence. At one time, bleeding was employed for most diseases, and an idea became prevalent that besides those highly inflammatory, there were others of a more obscure and insidious character, which required to be treated by small bleedings repeated every few days. Even phthisis was placed in this list; pain in the back, in many instances only rheumatic, was called incipient disease of the spine, and too frequently doomed the unfortunate patient, not to a comfortable bed, but to lie for many months on a thinly covered board, and to have leeches applied once or twice a week, with blisters on the intermediate days. Were I to say how often I have heard such patients were bled and blistered, I would most probably be accused of want of veracity. The Sangrados of those days seemed to think that the extension of bloodletting was a proof of the advance of the art of healing. I can remember medical men boasting of bold and heroic practice, the heroes not being the patients who were in danger, but the doctors who were in none. The good which bloodletting is capable of accomplishing in the comparatively few cases where it is required, was lost sight of in the evil effects in the greater number where it was employed, but not needed.

There is a marked hesitation in the tone of writers regarding the employment of bloodletting in pneumonia, and a want of precision in the rules of practice very embarrassing when a dangerous case has to be faced. As a contribution to the subject, and in the hope of removing at least one difficulty, I published in the Edinburgh *Medical and Surgical Journal* for April, 1840, a paper entitled "On collapse occurring during the treatment of some Acute Pneumonic Diseases," which I shall take the liberty of transcribing nearly in its original form.

The object of my remarks is to call the attention of the medical public to a dangerous train of symptoms immediately succeeding, in some instances, the inflammatory stage of pneumonia and pleurisy. In those to which I allude, a state of sinking, suddenly and unexpectedly occurs within a day or two after the removal of the pain, when the patient is much easier, and apparently about to be restored to health. The following cases were not intended for publication, and probably would never have been printed, had I not found from conversation with several gentlemen of considerable eminence in the profession, that they were ignorant, not only of the treatment, but of the occurrence of the above dangerous attendant upon acute pneumonic complaints. With this apology for cases which do not possess the copiousness of detail I could have wished, I proceed to relate them, hoping that they may at least serve as guides till farther and more minute observations are made.

One forenoon in March 1836, I visited a workman 50 years of age, who complained of severe pain in the right side of the chest, which prevented him from lying in the horizontal position in bed, and was greatly aggravated by inspiration and coughing. The pain had come on some days previously in consequence of cold, but had not acquired much severity, and was unaccompanied by cough till twenty-four hours before my visit. I immediately opened a vein, and abstracted sixteen ounces of blood, with such great and immediate

* See this Journal for Dec., 1873, where my experience of blood-letting in Scarlet Fever is also given.

relief, that I flattered myself that the disease was subdued. I also gave a dose of calomel, and paid attention to secure a comfortable warmth of body. Next day, pain having returned during the night, I bled him a second time to the extent of sixteen ounces, with immediate relief; however in a few hours pain was again felt, but in a very mitigated degree, and for this a sinapism was applied. On the third day he was better, though not free from pain; on the fourth he was so well that, on entering the house, I found him its only inmate, his wife having gone out for a short time, thinking that he now required little attention. Previously to this day, his breathing during sleep was always oppressed, but it had now become easy, and as a consequence he slept much longer. On the next day, the fifth, to my astonishment I found him greatly worse, his pulse frequent, and his manner abstracted, like that of a patient in typhus fever, to which the symptoms now bore a strong resemblance. In the evening he began to be incoherent. Next afternoon he was quite insensible, and unconscious of being in existence. Bewildered with symptoms which I did not anticipate or comprehend, I knew not what to do, and in twenty-four hours he died.

On the 2nd of August, 1836, I was sent for in haste to visit a farmer 58 years of age, who had gone that evening to visit a neighbour; after tea while walking in the fields with his friends, he was seized with pain in the left side of the chest so severe that he required to be taken home in a carriage. I caused him to be made warm in bed, opened his bowels by an enema, and gave a purgative. For a short time there was considerable remission of pain, followed however by great aggravation, which rendered inspiration or the slightest movement of the body very painful, and prevented him from lying on the affected side. There was no cough. I now opened a vein, but the result of the last case having made me timid, I abstracted scarcely a soup-plateful of blood with very little mitigation of the pain; to remove the remainder a dose of opium was given, which was repeated during the night, but without benefit. Next day I requested the advice of another medical gentleman, who recommended sinapisms and a blister. Death occurred about 84 hours from the commencement of the illness. During the last day of his life the pain was lessened, but the breathing was more frequent, and the oppression greater; at his own request he had six or eight ounces of wine. Incoherence was at no time present. During the whole illness, though slumbering occasionally from opium, he could not be said to sleep.

In June, 1837, I visited a farmer, 41 years of age; he felt himself unwell, his body generally pained, and his appetite bad; these he attributed to cold caught two days previously. I caused him to take a purgative, and go to bed. Next morning a message was sent that severe pain in the lower part of the left side of the chest had come on during the night. I forwarded one grain of opium, directed the application of a sinapism, and in two hours visited him. He was not in any measure relieved, the pain was severe, preventing free inspiration, and obliging him to lie on the opposite side; cough was frequent, and caused great aggravation of pain. Suspecting that in the last case the inflammation had not been subdued, owing to timidity in not taking away the requisite quantity of blood, and that in the first case, I had possibly taken too much, I began to be of opinion that the fatal sinking, which so unexpectedly followed the abstraction of blood, might perhaps have been remedied, had stimulants been given freely whenever the change of symptoms appeared. I therefore determined in the present instance to put a stop, if possible, to the inflammation in as short a time, and with as little loss of blood as possible, and to give wine liberally, as soon as any degree of delirium should appear. Accordingly I opened a vein, and abstracted nearly a soup-plateful of blood. Finding at the end of an hour that the pain was mitigated, but not removed, I re-opened the wound, and allowed more blood to flow till he had lost altogether 24 ounces. This gave great relief, and after having waited for several hours, satisfied with the result of the treatment I left him. Next day the pain was very slight, and he was evidently much better. On the succeeding day, the third of my attendance, pain not being wholly gone, tartar emetic was given in small doses, but having sickened him he refused to persevere in its use. Since his illness commenced he had slept ill, and therefore this night one grain of opium was given. Next morning, the fourth, his bowels were freely opened by a purgative, and feeling himself, as he imagined much better, notice was sent, at his request, that I might dispense with visiting him that day.

Aware however of the deceitful nature of the disease, I disregarded the message, and on my arrival found him complaining peevishly of the opium having caused a restless night, and uneasy dreams. Some of his expressions were decidedly incoherent, and his pulse was frequent. I now learned that since the night of the second day, he had talked incoherently when slumbering, and yesterday had manifested obstinacy and peevishness. He had had no appetite since my first visit. I ordered two ounces of wine to be given every three hours, and 25 drops of laudanum every six, till sleep was procured. I then left him for two hours, and on my return found the frequency of the pulse somewhat lessened. Next day, the fifth, I was informed that sound sleep had not come on, till after the third dose of laudanum, but that since that time he had slept with little intermission. He relished the wine, and had taken it as directed. This night he slept without laudanum, and next day, the sixth, was only slightly incoherent. Appetite gradually returned, but for some weeks he required several glasses of wine daily.

In May, 1838, a gentleman 24 years of age, was seized with pain in the left side of the chest which yielded under the application of warmth, and the use of opium which he required for three days. On the fifth, pain returned, and at bedtime became so violent that he durst scarcely cough, and was obliged to lie on his back, having his head and shoulders considerably elevated; the expectoration was not reddened; pulse 120. This patient had for several years been confined with phthisical symptoms arising from disease in the right lung, and had not till within a year or two recovered any measure of health. On this account scarcely more than ten ounces of blood were abstracted, which on cooling exhibited a buffy coat. The pain was immediately so much relieved that he could lie in the recumbent position, nevertheless through the night he was very restless and uneasy, and during the succeeding day was only partially soothed by opium. Next morning, 36 hours after the bloodletting, learning that he did not enjoy above five or ten minutes sleep at one time, and was incoherent for a short period after he awoke, symptoms which occurred in the early stage of sinking in the other patients, two ounces of wine were prescribed every three hours. He was still not altogether free from pain in the chest, and cough would, but for opium, have been very troublesome. Pulse 126; there was considerable thirst, but the tongue was not dry. After commencing to take wine, he was observed to sleep longer, and to be less incoherent on awaking. Next morning the pulse was 116; he relished wine, and felt stronger. On the succeeding day the pulse was 104, and the incoherence gone: wine was still relished, and taken in the same quantity. At the end of a week he was much better, so that the doses of wine were greatly diminished.

A middle aged servant maid was seized with pleurisy for which I bled her once pretty freely, with immediate relief of pain; two days afterwards on the appearance of symptoms of sinking, wine was given at the rate of two ounces every three hours with decided benefit. The recovery was tedious, however, in consequence of a large abscess forming in the left cavity of the pleura, which burst into the bronchiæ.

An elderly gentleman one of my patients, while on a visit to his son in Edinburgh, was seized with pneumonia, and was attended by two of the most eminent medical men in that city, who bled him with great and immediate relief. On the fourth day I saw him. Contrary to his usual manner he was peevish, and I learned that on awaking from slumbers he manifested some degree of incoherence. Founding my opinion on these symptoms I advised wine, but was met by the objection that loss of blood had but a few days previously been imperiously demanded. Incoherence increased and culminated in insensibility, when wine was given at the same rate as in the other cases, with similar benefit.

I do not suppose that the train of symptoms indicating sinking is confined to pneumonic affections, though most commonly met with in them but that collapse may follow other inflammatory diseases, if the severity of the attack renders necessary the abstraction of a greater quantity of blood than the constitution can support. I remember only one such case. A somewhat elderly gentleman who had had in the course of years several attacks of enteritis, and these having been in every instance cured by free bloodletting, he had ceased to regard them as dangerous, so that on the last occasion a day or two after he was bled he went out to his fields to inspect work which was going on. This caused a relapse, for which I

again bled him freely. Typhoid symptoms, such as I have described in the others, soon followed, and I at that time, not knowing the appropriate treatment, he died after having been incoherent, and latterly insensible, resembling a patient, in an advanced stage of typhus fever.

I may mention that all those whose cases I have given were temperate in their habits, and all, the consumptive gentleman excepted, were previously in good health.

From the time the preceding cases were published I ceased to take notes, but I can remember no instance at variance with the conclusions drawn from them. In the inflammatory stage I have never hesitated to bleed to the extent of relieving, though perhaps of not wholly removing pain; during the next two or three days of comparative ease, the advent of typhoid symptoms was carefully watched at least if the patient was no longer young; sleep broken and unrefreshing excited suspicion, especially if followed by increased frequency of pulse; then came fretfulness, and some incoherence on awaking from sleep, next incoherence was seldom absent, and lastly the patient became too insensible to be able to answer a question. Whenever this train of symptoms is distinctly recognized, wine ought to be given with as little hesitation as bloodletting was employed in the inflammatory stage. For many years I believed that typhoid symptoms only occurred when the patient had been bled to the full extent that his strength permitted, but I can now remember at least three cases, where they came on without being preceded by bloodletting. One was a middle aged female of spare habits of body, the second a previously healthy and robust boy seven years of age, the third a previously healthy boy of fifteen. In none was the pain severe, but its character was distinct, and I had almost made up my mind to bleed, when, I observed incoherence; guided by this, I gave wine freely, when recovery commenced, and went on to perfect health.

Dr. Stokes, in his work on diseases of the chest, (Dublin, 1837), does not mention delirium or the train of symptoms I have related. He recommends blood-letting in the early stage, "a single or at most two bleedings," and afterwards, as time advances, wine, or simultaneously with wine, the application of leeches, but no attempt is made to point out what symptoms indicate the employment of these opposing remedies. Dr. Cullen says, that "delirium coming on during pneumonic inflammation is constantly a symptom denoting much danger." Sir Thomas Watson speaks of it in similar terms of apprehension, and though he has frequently met with it, does not connect it with collapse, or mention the precursory symptoms, and draws no conclusion respecting the appropriate treatment. If my observations are correct, it is a light in darkness, telling indeed of danger, but at the same time pointing the way to safety.

TWO CASES OF TRANSFUSION.

BY DR. D. CLARK, PRINCETON, ONT.

It was not my intention to report, at present, the two cases of transfusion here described, until a number could be grouped, and the average results of this mode of treatment known by a number of cases, but as the irrepressible newspaper reporter has given one of the cases to the public it is, perhaps, best to record them in a professional journal. The first case was that of a married woman 33 years of age, and the mother of four children. She has never been of robust health, and of a consumptive family, several of whose members died of it. The disease had shown pronounced symptoms of it for nearly two years, until at last the patient was confined to her bed the most of her time. It is unnecessary to enter into details, for such cases are unfortunately common in Canada. Transfusion was determined on as a last resort, and Dr. Meldrum of Ayr, was found a willing and able assistant. Aveling's instrument was used, and the husband was chosen to furnish the blood. He was a strong and healthy man, who scarcely knew what sickness was, and seemed an eligible subject. The direct method was decided on, and partially adopted. After the bulb had filled twice with blood, and this had been injected into the patient's vein the efferent flow ceased, and no coaxing could induce the blood to fill the instrument. We feared that either air had got into the tube, or that a clot had formed in some part of the intermediary course, or possibly both causes were hindering the current and might end in disaster, so it was decided, rather than run any risk, to use defibrinated blood by the indirect

method. The nozzle was taken out of the husband's arm, and he was bled about ten ounces. This blood was thoroughly beaten with a twig, and strained through a cambric handkerchief. The temperature was kept up by immersing the vessel in water of the normal heat of blood, and about six ounces injected, making eight ounces altogether. A small quantity of spirits of ammonia was mixed with the injected blood, as well as with the water first used to fill the tube, thus a tendency to clot was prevented, and a diffusible stimulant introduced into the circulation. In spite of the utmost care and caution in regard to all the details, alarming symptoms supervened. The temperature of the body fell to such an extent that the finger nails, lips, and nostrils became livid, the "gooseskin" showed prominently, the pulse was scarcely perceptible and weak, and the patient complained of feeling exceedingly cold. It was impossible at that time to procure a thermometric test, but the physical signs were such as to indicate a speedy death unless the animal heat could be restored, and the circulation stimulated. Brandy and ammonia were freely administered. Hot fomentations were applied to the legs, arms and trunk. Friction was used vigorously to the limbs until nature began to react, and assert its power. When the heat began to return and reaction set in, violent hæmoptysis followed, and large quantities of blood and mucus were coughed up. Vomiting brought up a small quantity of blood. It is possible, however, that this had been swallowed, when it escaped into the throat from the lungs. A few hours afterwards blood was found in the stools, probably finding its way to the intestines by the mouth. Violent pains were felt in the limbs, flying in an erratic way from one to the other, and the uterus was excessively tender upon external pressure. In a few hours after the operation, the menses came on with copious discharges, (or possibly it would be more correct to call the flux menorrhagia,) although they had only been absent four days. It became evident to me that more blood had been thrown into the system, than it could temporarily dispose of or find room for, and that nature sought relief from its superabundance through its weakest barriers, or in other words, the blood vessels gave way to the strain on their capacity. It is needless to say that Dr. M. and myself passed an anxious and unenviable half hour, in watching and assisting the patient's excellent nurses by every means at our command, to prevent a fatal termination to our efforts. The sudden fall of temperature has not yet been accounted for in my own mind. In all the cases I read of the temperature rose; Why the difference in this instance? The injected blood was of normal heat. The ammonia could undergo no decomposition to produce such results. The blood could not chill sufficiently *in transitu* to lower the heat of the whole body to such an extent. It was not a "nervous" chill, for the woman had been perfectly cool, and showed no signs of trepidation during the operation, at the same time there was an absolute want of heat. Whence this coldness? It may have been from a partial shock to the heart, consequent on distension, seeing that an unusual demand had been made not only on its capacity, but also on its vital action, which it was unable to fulfil, hence languid circulation, imperfect oxidation of blood, and thus a partial suspension of natural processes for the production of animal heat. In about 20 hours afterwards violent reaction set in, and fever supervened. The pulse rose to 120, and the temperature ranged from 97° to 99°. Copious perspiration followed the rise in heat. The cough was slight and dry. No blood from the lungs flowed after the first 48 hours, and the expectoration ceased. After a few days the patient enjoyed her meals more than she had for months, and not only has been able to take considerable exercise about the house, but has been visiting friends a number of miles from home. The operation was performed on the 23rd of January, and it yet remains to be seen what success will result permanently. Auscultation and percussion indicate no change in the parts affected. Will the diseased lungs heal and cicatrize, as many have done by nature's efforts? or will the tuberbular deposit and disintegration only receive a temporary check from the introduction of healthy and active corpuscular workers into the system?

The second case was also a woman of middle age, residing about six miles south of Woodstock. She had been an invalid about a year with phthisis pulmonalis, and for a short time previously under the care of Dr. A. H. Millar, of Burford village. A healthy young man of 19 years of age was selected to furnish the blood, and the direct method was adopted. No such results as those

mentioned above followed; but, on the contrary, the pulse rose rapidly. The face and ears became suffused with a florid and healthy glow. There was no depression, but on the contrary, tonic results were immediately apparent. The patient said she felt "as if her veins were bursting." Only about six ounces were injected. Dr. Millar had provided himself with the improvement on Aveling's instrument by having two bulbs, and a receiving vessel with attachments, if the indirect method were resorted to. It seemed to answer the purpose well. Instead of ammonia being used with the water which filled the tube, a small quantity of tablesalt was put into the vessel. The operation was performed on the 8th of March, so it is not possible to say what the result will be. Although the operation is far from formidable, yet it is evident from the records, that great care is necessary in order to prevent disastrous consequences. It may prolong life in phthisical cases, but it is to be feared that the tubercle will come out conqueror in the end. In hæmorrhages, anæmia and such like, transfusion will doubtless be of great service to the practitioner, and any assistance to the study of such an occult art as that of healing, will be received with thankfulness by the profession. It is my impression that an aspirator like that of Dieulafoy's, fitted with proper nozzles would be an improvement on Aveling's instrument in one cardinal respect, viz: that by immersing the receiver into hot water the transmitted blood could be made a few degrees warmer than blood heat, and thus a high temperature maintained in the patient at a critical time. There is no doubt that in passing from one person to another a good deal of heat is lost, and our thermometers tell us of great effects flowing from a very few degrees of difference in the heat of the body, when inflammatory or febrile diseases are in the ascendant.

INSULATION OF BED IN THE TREATMENT OF RHEUMATISM.

BY EDWARD PLAYTER, M.D., TORONTO.

In the last number of the *Sanitary Journal* there was an article referring to a paper by Dr. Wagenhals, which appeared in the *Philadelpaia Medical and Surgical Reporter*, upon the "Insulation of Beds," especially in rheumatism. Since that was written I have had a case of acute rheumatism in practice, in which I tried insulation, and of which the following is a brief history.

E. O., aged 17 years, assistant in an office in Toronto, son of a clergyman. On Thursday, Feb. 11, first felt pains in the feet and ankles. Continued to get worse until Sunday 14th, when I first saw him. Feet, ankles, and knees then somewhat swollen, hot, and very painful upon motion,—quite unable to stand upon them. Ordered perfect rest, 4 grains of mass hydrarg, to be followed by Seidlitz powders to act moderately on the bowels, which had been rather inactive, poultices to the most painful joints, and a mixture containing potassium nitrate, potassium bromide, and colchicum.

Feb. 16; still rather more pain; ordered bed to be insulated which was done by placing the legs of the bedstead in four glass salt-cellars, the mixture to be continued, and a Dovers powder at night. Feb. 17 patient decidedly easier, though the previous night had been the worst he had passed. He continued to improve rapidly, and was entirely free from pain in three or four days more, and able to walk about the house.

The constitutional symptoms in this case were not of a very marked character. The heart's action was labored and irregular in the beginning, but not quickened, tongue slightly coated, white, considerable thirst, but perspirations not profuse; though these symptoms, excepting the heart's action, were gradually becoming more aggravated until Feb. 17th.

The patient had had two previous attacks, similar, but of much greater duration; from which he had entirely recovered. His father had suffered from two or three very severe attacks of acute rheumatism.

One such case does not prove much in favor of insulation, but the improvement in the one above referred to, commenced earlier, was more rapid and decided, than that of any other case of like severity which I have treated, in a practice of about fifteen years, and if you see fit to make use of this, in any way, that you think may be interesting or useful to your numerous readers, you are at liberty to do so.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I inclose an advertisement of an old Botanist, Cancer Doctor, and General Practitioner of Medicine and Surgery, (for he claims to be all these and a good deal more) which I clipped from the Carleton Place *Herald*. He has no legal standing, yet he charges exorbitant fees, which he contrives always to get in advance. Why don't you prosecute him, some one will say? Well here is my reason which I think is a good one. If I should do so, I might as well remove to some other quarter at once, for he has an extensive family connection which would rise *en masse* against me if I were to prosecute, and through their influence I would lose my business, which is a good and paying one, and no man is so foolish as to destroy his practice in this way. This man is a quack in the widest sense of the term and should be prosecuted, but the various physicians residing nearest to him will not prosecute.

NOTICE TO THE AFFLICTED. The Subscriber will treat successfully the following diseases: Cancer, without the use of the knife; Scrofula, such as Evils, Salt Rheum, and all kinds of Scurvy; a sure cure for Neuralgia, Dropsy, Gravel, &c.

JOHN TENNANT, Botanist.

This is only another instance of open defiance of the late Medical Act, and a good reason why a public prosecutor should be appointed in each territorial division at the next sitting of the Council. Various medical gentlemen with whom I have come in contact lately, desire this to be done as soon as possible, and then we will have something substantial for the dollar we have paid. Come, gentlemen of the Medical Council, wake up, and make a move in this matter or else we will have to vote a *five years* hoist in Juné next.

Yours, &c., M. D.

March 10th, 1875.

To the Editor of the CANADA LANCET.

SIR—Permit me to ask, would it not be advisable for the Medical Council to appoint a public prosecutor, that the Act may be carried out to the letter, and members of the profession protected who have spent much valuable time and money to procure registration. I am for one continually annoyed by an ignorant pretender, practising daily before my face, and who hesitates not to contradict my diagnosis, and in every manner conceivable, endeavour to injure me. According to the Act my only redress is by prosecuting the offender myself, as friends do not feel disposed to meddle with the affair. Is it not time something should be done? I am not the only who experiences this difficulty, as there are several even in the county in which I reside who are practising in open defiance of the law. It seems rather hard after all the legislation in connection with the profession, to be compelled ourselves to do the prosecuting.

I would be glad to have your opinion and the opinions of some of our brother practitioners.

Yours, &c., M. D.

March 8th, 1875.

Selected Articles.

CLINICS VIENNA HOSPITAL.

At the clinic (Vienna Hospital) a girl about ten years old was shown, suffering from dribbling of urine. This occurred in the day-time, and never at night. The diagnosis made was weakness of the muscles of the bladder; because of this muscular debility, the elasticity of the organ forced out urine, when the patient was in motion, in the upright position. Interrupted electric shocks were given, one pole of the battery being applied to the abdomen, and the other inserted in the vagina; the operator remarking that cystitis or urethritis might follow, if the wire were introduced into the bladder or urethra. Shocks were given for three minutes; to be increased a minute daily till five or ten minutes should be reached. By the fourth day the patient was able to keep herself dry. It was stated that such early success was unusual, but that in three weeks or less one half the cases were relieved. After ten days the patient had not reapplied for treatment.

In the treatment of gleet, Dr. Auspitz uses an olive-pointed probe, the point consisting of a mixture of tannin and glycerine. This is introduced into the bladder and slowly withdrawn. If pain is felt at any especial part, he considers that to be the seat of unhealthy granulations that are keeping up the discharge, and introduces the probe to that point every day for a few minutes.

He is also experimenting by cutting out all chancres as soon as they are discovered; he includes in the removed tissue some of the healthy margin, in the hope of destroying the disease. These experiments have not yet been continued

over a long time, or made in a large enough number of cases, to warrant conclusions. If they should prove satisfactory, the results will probably be published.

In Hebra's clinic, a patient with eczema of some duration, affecting all the limbs equally, was treated as follows: One arm was wrapped in rubber cloth, and the other was treated with corrosive sublimate, one grain to the ounce of water. One leg was treated with diachylon ointment, and the other with tar. These methods of treatment have been continued some time, and the leg treated with diachylon ointment is recovering most rapidly, while the arm treated with mercury is the slowest in its progress.—E. M. B.—*Boston Medical and Surgical Journal.*

OLEATE OF MERCURY.

Much difficulty has been experienced in the preparation of this really valuable mercurial compound. The mistake generally made arises from erroneous idea that heat is required to effect the union of the constituents. The fact is that the effect of even a gentle heat is detrimental to the preparation, generally causing a reduction of the metal, with the formation of an unsightly grayish-black deposit. Most authorities recommend the use of the yellow oxide of mercury, representing that it is more readily dissolved by the oleic acid, than the red oxide. Undoubtedly this is in some sense true, but unless the yellow oxide is sifted into the oleic acid, and well mixed with it by careful stirring, it is apt to aggregate in solid lumps which resist the action of the solvent a long time. On the other hand the oxide, if reduced to a fine powder, dissolves with sufficient rapidity, and requires no special precaution to prevent the formation of lumps.

The following formula in our hands has always yielded a satisfactory product:

℞.—Red oxide of Mercury in fine powder ʒvi.
Oleic Acid, purified, Oi.

Mix the oxide with the acid in the cold, and stir occasionallly until a transparent solution is obtained. Keep the product in well stopped bottles, protected from the light.—*Detroit Review of Medicine.*

Max Muller says that the value of association meetings is twofold: (1) "They enable us to take stock, compare notes, to see where we are, and to find out where we ought to be going. (2) They give us an opportunity, from time to time, to tell the world where we are, what we have been doing for the world, and what in return we expect the world to do for us."

CLINIC ON DIAGNOSIS OF TUMOURS OF THE BREAST.

BY THOMAS BRYANT, F. R. C. S., GUY'S HOSPITAL.

GENTLEMEN,—Six months ago I removed from a woman thirty-three years of age a cancerous tumour connected with the breast, which I mistook for an adenocele, or simple chronic mammary glandular tumour; and I then made up my mind to keep the case before me, and to make it the text for one of my future clinical lectures. Indeed, my intention had gone a little further than this, for I had designed to devote every clinical season one or more lectures to the consideration of my mistakes during the past year.

It is true that to dwell upon past errors is not so pleasant as to talk about our successes, but it is far more profitable; and as I may honestly admit that it has been from the errors I have committed and seen committed that some of my most useful lessons have been learnt, I would fain hope that the consideration of my mistakes will form no exception to this experience, and that good will come of it to you as well as to myself.

The mistake you saw me commit on Tuesday last (January 26) has led me, at once, to adopt the practice I had arranged to follow. I propose, therefore, to-day to consider with you the different points of the two cases in which I have fallen into error, at the same time drawing such useful lessons from their consideration as may present themselves.

You all remember the case on which I operated last week.* The patient was a woman forty-seven years of age, married, but had had no children. An aunt on her mother's side died of cancer of the breast. Her health was good up to six months ago, when she observed a tumour of the right breast, about the size of a pigeon's egg. It caused very little inconvenience until about two months ago, when the breast became painful, and she consulted a surgeon, who prescribed an embrocation, which produced a rash, but failed to give relief. He therefore recommended her to consult a hospital surgeon. On admission we found a hard roundish tumour of the right breast, about the size of a small tennis-ball, freely moveable over the pectoral muscle. The skin over the tumour was not adherent, the nipple was not retracted, neither were the axillary glands affected. The tumour could not be separated from the gland. When the tumour was moved the whole breast moved with it, indicating that the growth was in the substance of the gland-tissue. It thus appeared to be a chronic cancerous infiltration of the gland in an early stage. I therefore advised immediate removal of the breast, for all experience points to

*Reported in the *Medical Times and Gazette* of Jan. 30.

the wisdom of removing the entire breast as soon as it is discovered to be the seat of carcinoma. Accordingly, I excised the breast yesterday week, and was surprised to find that the tumour was a simple cyst.

Now, you may ask—Why did you not ascertain by puncturing whether the tumour was cystic or not before operating? My reply is that the age of the patient, the history, and the characters of the tumour pointed strongly to cancer. It clearly was not inflammatory; it had none of the characters of adenoma, and there was nothing about the growth to raise a suspicion of its being a cyst. If you ask me why I did not suspect that it might be a cyst, I would ask you to look at the preparation, and you will observe that the tumour has fully three-quarters of an inch of gland structure in front of it, so that it felt irregular, hard, and resistant, not smooth, round, and fluctuating, as cysts usually are. I am sorry that the possibility of its being a cyst did not cross my mind, for then a puncture would have corrected the diagnosis, and a less severe operation would have been performed.

Ought we, therefore, in all cases of tumour of the breast to make an exploratory puncture before operating? To this I must answer, decidedly not; for the practice of employing in all cases what may be called for in exceptional instances alone cannot be recommended. I must advise you, however, and very strongly, to puncture all doubtful tumours; for the surgeon is bound to employ every means at his command to arrive at a correct diagnosis. On the other hand, given a tumour with all the evidences of carcinoma,—fixedness to the muscles beneath the gland, adherency of skin, retraction of nipple, and enlargement of the neighbouring lymphatic glands—a puncture is wholly unnecessary. The same remarks apply to cases of adenoid tumours of the breast, in which their distinguished features are so marked as to leave no room for doubt. If we exclude these two classes, there is an intermediate class of breast tumours which cannot be diagnosed with certainty unless a puncture be made. Looking at the case on which I operated on January 26, by the light of the knowledge gained after the event, I might say that this was one of the intermediate class of cases in which puncture would have been advisable, and in similar cases I shall in future do so before proceeeding to operate. Although in this case we have removed the entire gland, we have done no great harm; it had long ceased to be active, and would never be required for its natural function, whilst at any time it might have become the seat of carcinoma. Our respected consulting surgeon, Mr. Cock, tells me that his experience of the clinical history of such cases enables him to give the opinion that, sooner or later, if allowed to remain, carcinoma will develop around the cyst-wall. You saw an illustration of this in that beautiful case on which Mr. Birkett operated in our theatre yesterday.* In this case there was not the slightest suspicion of cancer, and Mr. Birkett hoped to save the breast by dissecting out the cyst-wall. On reaching the posterior wall of the cyst, he found it to consist of a mass of carcinoma, which had also infiltrated the pectoral muscles, necessitating the removal of the entire gland.

I will now return to the other case of mistaken diagnosis to which I referred at the commencement of this lecture. The patient, a married woman, thirty-three years of age, was admitted to this hospital under my care on June 13, 1874, with a tumour about the size of a hen's egg, situated at the sternal margin of the mammary gland. She was a healthy-looking woman, and the mother of three children. The youngest was two years of age, and had been weaned only six months. The tumour began as a small lump six months before admission, and had been steadily increasing in size. It was of rounded outline, lobulated, freely movable over the subjacent tissues; as far as could be made out, it was unconnected with the substance of the gland, the skin and subcutaneous tissue were not implicated, the lymphatic glands were not affected, and it was free from pain. Here there were all the typical of adenoma occurring in a woman whose breasts had been in an active condition up to the appearance of the tumour; and I, as well as those of my colleagues who examined the case, concluded that that was the nature of the growth. Whilst removing the tumour I suspected my diagnosis, and accordingly cut into it, hoping to see it encapsuled, and that it would readily turn out. I found, however, that it was undoubted carcinoma, and that it was connected by means of a neck with the substance of the gland itself: it was, in fact, cancer of an outlying lobe of the gland, and I was therefore obliged to remove the whole of the breast. Here, although the diagnosis was wrong, the practice was right. Had we formed a correct diagnosis at first, it would not, as in the other case, have prevented our removing the entire breast. The only error on my part was in pronouncing such a definite opinion as I did before operating.

And here let me remark that although we are here as teachers, we do not profess to be infallible. When a case is presented to us we can only weigh the evidence derived from the facts before us, and state our opinion accordingly. It is not for us to hesitate or refuse to pronounce an opinion because the case happens to be a difficult or somewhat obscure one; and I would caution you, as young surgeons, not to be too mistrustful of your power of diagnosis, especially in breast cases. It is not enough to say that a tumour is a tumour. The clinical characters of the various classes of tumours

*Reported in the *Medical Times and Gazette*, Feb. 6, p. 154.

are well known, and it is for you to weigh well all the facts derived from examination, the clinical history and the general condition of the patient, and then give your opinion as to the particular class among which the case under examination should be placed. Exceptional cases will now and then arise when you may be mistaken in your diagnosis, but you may derive some consolation from the reflection that the best among us make mistakes occasionally.

We will now for a few moments glance at some of the leading points in connexion with diseases of the breast, confining my remarks chiefly to those characteristics which aid us in arriving at a diagnosis. Excluding acute and inflammatory diseases, tumours of the breast may be divided into three classes :—

1. Cancers ;
2. Adenomas ;
3. Cysts (simple or complicated).

The first and second are of common occurrence ; the third is an intermediate class, and are comparatively rare.

Cancer of the breast is a disease of adult life, and usually occurs at the age of forty and upwards. In looking over the notes of some 500 cases which have come under my notice, I was struck with the fact that cancer attacks unmarried women earlier in life than it does married women. The cause probably is that in the unmarried the breast ceases to be active at an earlier age than in the married. The period at which the breasts are most prone to the attack of cancer is that of functional decline.

Cancer attacks the breast in two forms—as a general infiltration and in the tuberous form. In the infiltrating variety the elements are thrown out around and between the ducts, separating the ducts from each other, and putting them as it were on the stretch. If the infiltration is at no great distance from the nipple, this tension of the ducts draws the nipple down, causing what is called retraction. The cancer-cells go on multiplying, and as the disease progresses the cancer disseminates its elements into all the tissues with which it comes in contact. In this particular it differs from all other morbid processes. In other growths the natural issues are not invaded—they are simply pushed on one side. If the tumour is very large, the skin may be stretched to the point of ulceration, yet it remains freely movable over the tumour, and so far healthy that if the tumour be enucleated the parts become restored to their normal condition. But it is otherwise in cancer. As the cancer elements increase they spread to the subcutaneous tissue, and finally the skin itself becomes infiltrated, and is no longer moveable over the tumour. If the tumour be not removed, the skin after a time loses its vitality and ulcerates. So with the tissues beneath the gland ; each in turn becomes infiltrated with the elements of cancer—cellular tissue, muscles, and bone. When this occurs there is a fixedness about the tumour ; the breast can no longer be moved over the pectoral muscle. In these cases it is often doubtful whether a surgeon is justified in operating or not. But no case should be allowed to advance to this stage ; the rule of surgery is to excise as soon as the diagnosis is made out. You often hear reference made to the axillary glands being affected in cancer. One of the characteristics of cancer is its tendency to spread to distant parts. How the elements spread is not in all cases clearly made out ; but in the case of the lymphatic glands it is well ascertained that the cancer-cells are taken up by the lymphatic vessels, and are thus conveyed to the glands. In the same way cancer-cells may be propagated by means of the systemic circulation—a contingency which should make us always very guarded in our prognosis.

The tuberous form of cancer differs from the infiltrating in that it is more circumscribed. It has, however, the same clinical course, and will lead to the same results—infiltration of skin, muscles, etc.

Adenoma generally occurs in the breasts of young healthy women during their period of developmental perfection. Among married women it often occurs in those who are suckling. It usually grows slowly, and as it enlarges it pushes the breast aside ; it never infiltrates it. It may grow to a great size, and stretch the skin even to the point of rupture ; but the skin is never infiltrated, nor the tissues beneath. The tumour is encapsuled, and usually moveable, and can be readily turned out. It is never associated with any secondary glandular enlargement. Although the breast is the most common seat of adenoma, the disease may appear in other parts.

I had intended to say a few words on cyst disease ; but as I have already trespassed beyond the time usually allowed for these lectures I must reserve this part of the subject for another occasion. I only hope that what I have said, and the experience gained from these two cases, may be the means of preventing you making similar mistakes under like circumstances.—*Medical Times and Gazette.*

A Fainting Midwife.—The sub-editor of the *Union Medicalé* relates that a young lady belonging to one of the most respectable families of Paris refused in her third confinement, the aid of a doctor, and was attended by a midwife. After the delivery she was seized with a hemorrhage which rapidly became formidable. Seeing her impotence to meet the emergency the midwife fainted, and during her syncope the woman succumbed.

WHAT HAS VIVISECTION DONE FOR HUMANITY?

The Br. Med. Jour., of January 9th, says: "Recent circumstances render it desirable that some attempt should be made to answer the question whether or not the practice of making experiments on living animals has materially aided the progress of medical science. To answer this question with completeness would involve an encyclopædic investigation of the sources and history of our present knowledge. It would be a work into which a great fund must be brought of patience, time, and labor. We shall, however, endeavor to present here at once and hastily, some leading data, such as may be gathered from a cursory review of the subject. We offer them as *memoires pour servir*, and shall hope to be able to finish the picture by filling these rough outlines as time and circumstance will permit. We invite assistance and criticism from physicians, surgeons and physiologists. We present to-day a first contribution in the following skeleton sketch:

A. *It has succeeded in advancing our knowledge of physiology, by* 1. Discovery of the two classes of nerves, sensory and motor, by Sir Charles Bell. 2. Discovery of the functions (motor) of the *portio dura* of the seventh pair by Sir Charles Bell. Previously to this discovery, the *portio dura* was often cut by surgeons for the cure of neuralgia! 3. Discovery of the functions of the anterior and posterior roots of the spinal nerves by Sir Charles Bell. 4. Discovery of the functions of the anterior and posterior columns of the spinal cord by Sir Charles Bell and others. 5. Discovery of one of the functions of the cerebellum in co-ordinating muscular movements, by Flourens and others. 6. Discovery of the functions of the gray matter on the surface of the cerebral hemispheres as connected with sensation and volition, by Flourens, Magendie, etc. 7. Discovery of the motor functions of the gray matter covering certain convolutions in the interior part of the cerebral hemispheres by Hitzig, Fritch, Ferrier, Gudden and Nothnagel. 8. Demonstration of the circulation of the blood by Harvey. 9. Measurement of the static force of the heart and discovery of other hydraulic phenomena, of the circulation by Stephen Hales, Ludwig, and others. 10. Discovery that atmospheric air is necessary to the maintenance of life, and that, when stupified by its withdrawal, animals may be resuscitated by readmitting it, by Robert Boyle, in 1670. 11. Discovery that atmospheric air by continued breathing becomes vitiated and unfit for respiration, by Boyle. 12. Discovery that the air was not only vitiated but also diminished in volume by the respiration of animals, by Mayon, in 1674. 13. Discovery of the relation, as regards respiration, between animal and vegetable life, by Priestly, in 1722. 14. Great discovery by Lavoisier on the physiology of respiration, from 1775 to 1780, namely, that respiration acts only on the respirable portion of the air, or oxygen, while the remainder, nitrogen, is entirely passive in the process; secondly, that when animals are confined in a limited space, they die when they have absorbed, or converted into carbonic acid, the greater part of the oxygen, and so reduced the air to the state of an irrespirable gas. 15. Numerous facts in the physiology of digestion observed by Blondlot Schwann, Bernard, Lehmann, and others, by experiments on animals. 16. The discovery of the functions of the eighth pair of nerves in relation to deglutition, phonation, respiration, and cardiac action, by John Reid, and others. 18. The discovery of the functions of the sympathetic system of nerves, by Pourfourdu Petit, in 1727, Dupay in 1816, Brachet in 1837, John Reid, and Brown-Sequard. 19. The discovery of the phenomena of diastaltic or reflex action, by Marshall Hall. 20. The discovery of the action of light on the retina, by Horngren, Dewar, and McKendrick. 21. The discovery of the glycogenic function of the liver, by Bernard Macdonnell, Pavy, etc. 22. The discoveries of the whole series of facts in the domain of electro-physiology, by Matteucci, Du Bois-Reymond, Pfluger and many others.

B. *In aiding Medicine and Surgery.*—1. The transfusion of blood, and introduction directly into blood of medicines; first proposed by Robert Boyle, in 1665. In 1665 Lewis transfused blood from vessels of one animal into those of another. First done in human beings by Dumis and Emmerts, in France, in 1666. Blundell's celebrated experiments on animals in 1818. Since done by many others — Dumas, Milne-Edwards, Dieffenback, Bischoff, Doubleday, Brigham, Waller, Burton Brown, Klett, Lane, Pavy, Bernard, etc. 2. Artificial respiration. Vesalius showed that by blowing up the lungs with air, after the chest was opened, stoppage of the heart's action might be delayed for some time. Hook, in 1664, first demonstrated the possibility of artificial respiration. Brodie, Hope, Le Gallois, Wilson, Philips, Marshall Hall and Silvester have practised it on human beings. 3. The cause of the cardiac sounds have been determined entirely by vivisectional experiments. 4. Phenomena of the circulation within the cranium examined experimentally by Kelly, Burrows, Reid, etc. 5. Hunter's operation for aneurism was first demonstrated and tried on living animals. This he did in 1785. He also found by experiments on animals, that in many cases the arterial coats were diseased immediately above the aneurism, and that consequently it was necessary, in order to avoid secondary hemorrhage, to place the ligature higher up. 6. The office of the periosteum in regeneration of bone, has been demonstrated experimentally by Dr. Hamel in 1740, Hunter in 1772, Lynn in 1837, Wagner in 1853, and Leopold

Ollier in 1858. The practical importance of these observations is recognised by all surgeons who have had much to do with diseases of bones and joints. 7. The researches of Redfern into disease of cartilage. 8. The researches of Stricker, Cohnheim, Von Recklinghousen, and many others, on inflammation, more especially of the cornea and serous membranes. 9. Without vivisection experiments we would know almost nothing of the phenomena of inflammation. 10. Experimental inquiries into many zymotic diseases, showing occurrence of micrococci.

C. *In advancing Therapeutics, Relief of Pain, etc.* 1. Use of ether. 2. Use of chloroform. 3. Chloral discovered experimentally by Leibreich. 4. The action of all remedies are only definitely ascertained by experiments on animals. 5. Action of Calabar bean by Frazer. 6. Antagonism between active substances and the study of antidotes—many observers.

The above are simply examples which have readily occurred to the mind. To record all the facts given to physiology by experiments on animals, would simply be to write the history of the science. Therapeutics is yet in its infancy; but nearly all the facts definitely known regarding the actions of remedies have been gained by experiments on animals. To stop experiments on animals would as surely arrest the progress of physiology, pathology and therapeutics as an edict preventing the chemist from the use of the retort, test tubes, acids and alkalies would arrest the progress of chemistry.

ON BAPTISM AT BIRTH.

In every community composed of religious bodies holding different tenets of faith on some points, it is believed to be conducive to harmony and good feeling, as well as consistent with that broad and liberal catholicity of sentiment that should always characterize the professors of the healing art, to conform to the usages of his patrons respecting rites having, in their views, important religious significance.

As containing an authorized expression of the views of the Roman Catholic church respecting baptism, the following translation from the "Cours d' Accouchments," a recent great work on obstetrics by Dr. L. J. Hubert, Obstetric Professor in the Catholic University of Louvain, is submitted to your professional readers:

"This work is especially dedicated to the young gentlemen who come to this Catholic University to receive their medical education. Believing that it may be useful to those who may be frequently called to administer this sacrament to draw their attention to the teaching of the church, I have decided to finish this 'Cours d' Accouchments' by a special chapter on the subject of ante-natal baptism of infants.

When an infant is not in immediate danger of death, it is at the church and by a priest it should be baptized; but when its life is imperilled, baptism may be conferred everywhere and by everybody (ecclesiastic or laic, man or woman, believer or infidel), and it is valid, provided it is administered with the *intention*, the *material*, and with the *formula* required.

Who, in case of peril, should administer baptism?

If the child is born, and a priest is present, he should always perform the rite. The father or mother may perform it only in the absence of any other qualified person. If the infant is born, and there is a man present capable of performing it, he should do it in preference to any woman, or even a midwife. If the fœtus is not born, baptism in utero should be administered, either by the obstetrician or midwife in attendance.

The general purpose or intention to do what the Church does is sufficient.

The material is water, pure water, from spring, river or well, and whether previously blessed or not.

The formula is: I baptize you in the name of the Father, of the Son, and of the Holy Spirit.

This formula should be distinctly articulated, and loud enough to be audible to the person himself.

The baptism is absolute or conditional according to circumstances, as we shall proceed to show. The manner varies as to whether the child is born or not.

A. If the child is born, the baptizer should himself pour water on the head of the child at three times, corresponding with the mention of the respective names of the Holy Trinity.

If there is any doubt respecting the life of the new-born, the formula should be modified thus: If thou art living, I baptize thee, etc.

If there exists any doubt of the human nature of the being to be baptized (viz., if a marked monstrosity or rudimentary embryo), it should be added, "if you are a rational being, I baptise you," etc. Abortions should receive the rite in the same manner and modified in the same manner as the infant at term.

If the ovum should be expelled entire, the baptism should first be done through the membranes saying: If you are fit to receive baptism, I baptize you, etc., then having opened the membranes the rite is repeated, adding if thou has not been baptized. When the baptism is thus conditional, the conditions mentioned must be distinctly articulated, it is not sufficient merely to think or to will it. Such is the canonical law.

B. Supposing the fœtus is still in whole, or in

part unborn it then becomes necessary to baptize it in utero, varying the method according to circumstances,

(*a.*) If the head is delivered, it may be baptized either absolutely or conditionally, as if the birth were completed and no subsequent baptism will be required.

(*b.*) But if an arm or foot present those parts should be baptized, and the danger persisting, the chest and the head should be successfully baptized, with the formula: If thou has not been baptized, etc.

(*c.*) But if the fœtus is still enclosed in the uterus, the baptism should be performed by carrying the fingers, or a piece of lint, or sponge, or using a syphon or syringe, and with the formula as before stated, and modified according to the circumstances —after birth it may be rebaptized if alive.—*Peninsular Journal of Medicine.*

GENERAL HOSPITAL OF VIENNA.

The Vienna General Hospital has as usual been filled to its utmost capacity during the winter, and as it contains about four thousand beds, we have had no want of interesting material. The out-door department, the ambulatory service, also furnishes an almost infinite variety and number of patients, particularly in the Eye, Ear and skin departments; and perhaps I might also add, the Laryngeal department, which, since the time of Turck, is a most important branch in the hospital, and in which several hundred are daily treated. There is scarcely a doubt but that in hospital experience Vienna surpasses the world. The method of instruction is in perfect accord with that which you have so long insisted upon, viz.: bedside observation and examination. Notwithstanding there are a thousand students, there are so many lecture-rooms, and they are arranged in such a manner that each student has abundant opportunity for special examination. Such is particularly the case in the Laryngeal and Ophthalmological wards, where each student has his own table and light, and makes his examinations and applications under the immediate direction of the Professor or one of his assistants. Each lecture continues from one to two hours, half of the time being spent in examinations, the other half in explanations by the Professor. Hebra, whose name is almost a household word the world over, is as active and interesting as ever. He is punctually at his post every morning at eight o'clock, and has been absent from his clinic once or twice the entire winter. The last volume of his work on skin disease is recently published, but owing to its high price, twenty five dollars (50 fl.), it will not have a large circulation, as the general practitioner and student will prefer some less voluminous work.

The method adopted by Gruber for aural instruction is most excellent. Aside from several large wards, he has a great many out-door patients who come regularly to be inspected and treated by the class, of course under his direct supervision. Each patient is numbered, and a corresponding number with the characteristic appearance of the *membrani tympani*, is placed upon a blackboard, so that each student cannot fail to fully comprehend the pathological change. In this manner twenty to thirty cases are daily examined. Students are daily called upon to make a diagnosis, and also give explanations of abnormal appearances. Prof. Gruber has recently divined a suction syringe, for the purpose of draining pus from the middle ear, which he considers of the greatest value to the aural surgeon.

He says by means of the air balloon alone it is impossible to empty the middle ear of pus, even if the membrane should contain a large perforation, which is by no means always the case, as the pus is more or less tenacious, and lies at the bottom of the chamber. Then, too, there is always danger of driving the pus into the mastoid cells, where it must excite further inflammation. By the timely use of the instrument, he thinks inflammation of the mastoid cells can often be averted. He generally uses the instrument with the head mirror, so that he can have both hands quite free, the one to use the instrument, the other to adjust the speculum. Scarcely a day passes that he does not demonstrate the value of the instrument and skill with which he makes use of it.

Much more attention is given to the microscope here than with us. With us students are obliged to understand practical anatomy, and why not also histology? How can they comprehend histology without practical or personal work with the microscope?

Professor Schenk, formerly assistant to Brucke, now professor of Embryology, is the great favorite with American students here who are devoting any time to microscopy, as most of them are. His laboratory, which can accomodate from forty to fifty students, is open from 8 o'clock in the morning until 12 at night, not excepting even Sundays, so that one can easily select the most convenient hours for work. The Professor is untiring in his attention to the students, and is in the laboratory from 9 a. m. until late in the afternoon. Although a young man, he has already created for himself a European reputation in Embryology. Yet, with all his skill, in the earlier stages of embryonic life he is unable to determine the higher from the lower forms of animals, Man and Monkey being quite the same.—DR. WARE, *Med. Ex. Chicago.*

Dr. Keith, of Edinburgh, is said to have performed ovariotomy now one hundred and ninety-six times, with the low mortality of late years of only ten per cent.

TREATMENT OF ACUTE AND CHRONIC BRONCHITIS AND ASTHMA.

Dr. W. H. Spurgin writes to the *British Medical Journal*, that he has tried iodide of potassium in the treatment of these maladies, in over one hundred cases, with almost invariable success; in fact, with such success that patients have expressed themselves by saying "it has acted like a charm;" others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon the breathing, reducing the frequency of the respirations, perhaps overcoming spasms. Almost after the first dose patients have stated they have felt the medicine touch their complaint.

He usually prescribes it with carbonate of ammonia, and, when the cough is very troublesome, adds tincture of belladonna and ipecacuanha wine.

In one case of very severe broncho-pneumonia he tried iodide of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

He adds, in conclusion, that he has purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, without finding much benefit; after which he added iodide of potassium, and found the patient relieved almost at once.

He confidently recommends iodide of potassium as the remedy in these troublesome complaints.—*Druggists' Circular—Med. News, Cincinnati.*

THE "BRITISH MEDICAL JOURNAL" ON MEDICAL ADVERTISING.

We observe with much pleasure that the *British Medical Journal*, of Saturday last, has a very smart and pungent article against the system of advertising medical works and publications in lay papers, and we hope it will be the means of checking a practice which has been greatly on the increase of late, notwithstanding the resolutions condemning it which have been passed by the Royal Colleges of Physicians and Surgeons.

Recently the *Lancet* has been extensively advertised in the lay papers, together with the names of some of the contributors to that journal, among others Sir W. Jenner, Sir H. Thompson, and Dr. Barnes. This gave the *British Medical Journal*, an opportunity of being somewhat severe on its aged and less vigorous cotemporary for its inconsistency. "No journal," says the *British Medical Journal*, "has been stronger in denouncing medical advertising than the one we mention, which even went so far as to blame a London physician by name for allowing copies of his works to be upon the table of his waiting-room. Nevertheless, it avails itself of placards and railway bills to announce to gaping railway passengers the names of medical men who deal with all sorts of subjects which are to the multitude *caviare*, and to the laity unclean. The names we have quoted are those of distinguished men, yet we find them, owing to the act of the oldest medical journal, and of the most respectable of publishers, figuring prominently in a half-page advertisement across the back of a leading evening paper," the *Pall Mall Gazette.*

THE FASHIONABLE PHYSICIAN.

The London *Globe* prints the following readable article: In the full swing of medical practice, It says, the pace is tremendous. When once the indefinable stamp of fashion is set upon a docter every one wants to engage his services. You may go to the great man's house again and again, and the great man will not be able to see you. You may write to his Secretary, and the Secretary may make an appointment the week after next, but it by no means follows that he will be able to keep the appointment. As soon as the clock strikes two he makes a dash from the consulting-room, swallows an apology for a lunch, and you presently see him driving past the windows. In vain the unpuctuality is notorious, in vain the consulting fee is doubled. People are determined to have the great man, and the great man they accordingly get; they will bring him down 200 miles, though they have to pay 200 guineas for the journey. They will have him though the patient may be *in articulo mortis*. For there are circumstances under which some rich men think that no consultation is too costly. They will have him and no one else, although the case, scientifically considered, may be as simple as a cut finger. Sometimes they resort to him because the case has already baffled the average skill of the average practitioner, and it not unfrequently follows that the celebrated physician makes a diagnosis, and suggests a remedy that sets his brethren to rights. On the other hand, the average practitioner has his revenge in repeating stories of extraordinary blunders perpetrated by fashionable physicians. But when the fashionable physician has really obtained this immense practice, the charm of the practice must depart. The great physician becomes a great slave. He lives in a state of gilded captivity. He cannot call his house his own, or his hours his own, or his family his own. He is at the beck and call of the public. He takes his meals with his loins girded; or, rather, he may be obliged to exist on Liebeg's extract for want of time to partake of solid food. When the tide of fashion sets in he is almost submerged beneath the wave. He bids farewell to leisure, friends, private life—all that makes existence endurable. The

guineas accumulate, the checks, the bank-notes, there are plethoric investments, a lordly income. Rut a man's income for all purposes of enjoyment is not what he gets, but what he spends. Many men who imagine that they are in the enjoyment of a stately income are often, like children, playing with little bits of paper that come in and little bits of paper that go out. There is not so very much use in a man getting £15,000 a year if he can hardly spend £1,500. But as a rule we acquit great physicians of any mean love of filthy lucre. They hardly know the sums which roll out of their pockets when, worn out and harassed, they tumble into the uncertain bed from which the night bell may arouse them. They would willingly take less of lucre for more of leisure. This was a strong idea of the late Sir Henry Holland's. He early fixed the modest limits of his professional income at £5,000, and would allow no professional business to interfere with his three months' holiday. He had his reward in living to Nestorian age, with all the reputation of Nestor's wisdom. The fashionable physician who reciprocates the firm belief which the London public have in him with a corresponding belief in himself, is goaded on by two considerations of supreme weight. In the first place he believes that he is conferring a great amount of good on suffering humanity which no other physician could render equally well with himself. In the next place, he believes that he is steadily enlarging the limits of medical science. Each patient is a book, and his practice represents the library of medical knowledge. He is willing, therefore, to endure any toil, although he knows how dangerous is such toil when carried beyond the endurable limit. Such a course is especially likely if he is a believer in the boundless future medicine, in new methods of diagnosis, in new systems of therapeutics, and has the "enthusiasm of humanity" in his soul.—*Globe.*

THE LEAST SACRIFICE OF PARTS AS A PRINCIPLE OF SURGICAL PRACTICE.

Mr Bryant has brought this subject before the Medical Society of London. He explained the principal as one that forbade the surgeon to sacrifice more of the body than the absolute necessities of the case demanded; that called upon him to remove the disease, but no more; that enabled him in accidental surgery to make a flap for an amputation wherever he could, and in some cases to make no flap at all, but to leave the case to nature to repair and in pathological surgery, to cut through tissues infiltrated with inflammatory deposits rather than go above a joint or take away more of a limb than the necessities of the case demanded. He condensed the subject into three main propositions each of which he illustrated by cases. The first proposition was: "That, in cases of division or accident, no more of the body is to be taken away than the necessities of the case demand." He illustrated this chiefly from the surgery of the foot. At first sight, the proposition might appear to be a truism; but he asked if it were not true that, in cases of disease of the metatarsal bones or joints, surgeons were not too apt to regard the individual case as a good one for Chopart's operation, or Pirogoff's, or Syme's, and to forget that a good recovery of the foot might ensue on removal of the diseased bone or bones without any amputation at all. In support of this he quoted Mr. Lister (Holme's "System of Surgery," second edition, vol. v.) who expressed his opinion "that Syme's amputation is calculated to supersede entirely that of Chopart's besides taking the place of amputation of the leg in the majority of cases formerly supposed to demand it." He entirely dissented from these views; he believed that, for local disease alone, no form of amputation of the foot should be entertained until less severe measures had been employed and failed; that, when amputation of the foot was called for, the minimum amount of the foot should be taken away; that, when a Chopart's operation would suffice, a Pirogoff's should not be thought of; that, when a Pirogoff's was applicable, a Syme's should not be entertained; and that an amputation of the whole foot was never to be undertaken when the disease could be removed by less severe measures. The remarks made were as applicable to other parts as to the foot. Fingers and thumbs were often removed in case of injury that, if left to nature, might often be saved. Joints were excised that might be saved by free incisions, or by the removal of necrosed bone; and amputations were performed above a joint or high up a limb in order that good flaps might be made. He illustrated all these points by cases, quoting seven cases of disease of the different tarsal bones, cured by the removal of the diseased bone; and three of extensive disease treated respectively by Chopart's and Syme's amputations, or by amputation of the leg. In disease of the bones of the foot, he had met with a case in which the resection of a tarsal bone was called for; for bone that was not dead was repairable, and to take this away was too often to take away that which, if left, would make good the parts that had died. The author then proceeded to illustrate the value of the proposition by the treatment of cases of diseased joint, and dwelt for some time upon the value of free incision into suppurating joints. He referred to thirteen cases successfully treated by this method; and stated his belief that a free cut into a disorganized articulation was rarely followed by any other than a good result that, when the suppurative process was due to synovial disease, a recovery without further surgical interference might be looked for; when it was

due to local necrosis, the incision helped nature towards recovery by expediting exfoliation and the subsequent removal of the bone by either natural process or by some surgical proceeding. In more severe cases, the incisions gave relief, and in no way added to the mischief. The treatment of disease of the joints due to local necrosis was then considered, and a series of ten cases was read, including examples of disease of the shoulder, elbow, hip, knee, and ankle joints, in which recovery followed the removal of the dead bone from the articulations. The second proposition was: "That, to carry out this principle, the surgeon may, in pathological amputations, fearlessly divide tissues infiltrated with organized inflammatory products, and even cut through the walls of suppurating cavities or through diseased joints, more particularly to save amputation above a joint." Mr. Bryant illustrated this proposition by the particulars of ten cases, in all of which recovery took place. The third proposition was: "That, in accidental surgery, parts irreparably injured are alone to be removed, and no healthy tissues, are to be sacrificed in order to perform a recognized, and probably a named operation; that, to these ends, the surgeon ought to utilize even doubtfully useful integument, or even leave a stump to granulate, when, by so doing, some portion of the shaft of a bone can be left, a joint saved, or amputation above a joint avoided." In the surgery of the hand, this practice was strongly advised, more particularly the injuries of the thumb. Amputation of a thumb, unless smashed irreparably, the author condemned; and under all circumstances, the irreparable injured parts ought alone to be taken away, and doubtfully viable skin left. Cases were quoted to illustrate the proposition: ten of the toes; one of the foot; a Chopart's amputation, in which a long anterior flap was made; one of crushed arm, which was left to nature to granulate, and a good stump left; two of crushed legs, in which a rapid recovery followed amputation at the knee-joint; and one of rupture of the popliteal artery, treated in the same way with success.

—(*The Doctor*).

SYPHILITIC ULCERS OF THE LEG.

Dr. McGraw Detroit *Review of Medicine and Pharmacy*, says in a lecture on chronic ulcers of the leg.

"I will give you a rule for diagnois. It has very few exceptions. *Idiopathic ulcers, which occur in the upper third of the leg, are syphilitic.* When you are called upon to treat such cases, inquire whether the ulcer originated in an injury; if not, treat the patient for syphilis, without further ado."

NEW TREATMENT OF VARICOSE VEINS.

By Mr. John Marshall, surgeon to the University College Hospital, London. * * * * *

John Bell cut out small pieces of the vein at intervals; but this was also a severe and dangerous operation, often followed by extensive inflammation and hemorrage. Von Gräefe used to lay open the vein, stuff the cavity with lint, and allow the wound to heal by granulation from the bottom; this was, of course, an effectual cure, but it was a tedious one, and was not unfrequently complicated by suppurative phlebitis.

The plan most commonly employed now is to obstruct the vein by ligatures placed at intervals along its course; but, unless these be placed very close together, this plan is often ineffectual; the vein is obliterated only just at the point of ligature, the intermediate portions remain patent, and the blood soon finds its way into them by means of collateral branches. To obviate this tendency, some surgeons, after placing the ligatures, have divided the vein subcutaneously between each pair; this gives more satisfactory results, but is sometimes followed by troublesome inflammation and suppuration.

The plan of treatment, said Mr. Marshall, which I have carried out on this man, and which I propose to try more extensively as opportunities offer, is not altogether new, but presents, I hope, sufficient novelty to deserve the notice of the profession. It resembles that of Von Gräefe, which I have just mentioned. The grave objections to his plan were the occasional occurrence of troublesome hemorrhage, and the risk of diffuse suppurative phlebitis followed by embolism, septicæmia, etc. The former danger might, I thought, be obviated by elevating the limb well, and by carefully applying Esmarch's bandage before the operation; and the latter risk might also be avoided by the use of antiseptic dressing. The operation in this case was performed as follows: I drew, with ink, a straight line, six inches in length, over the course of the tortuous vein, just below the knee, where it was most enlarged. Esmarch's bandage having then been applied, I next passed a hare-lip pin under the vein, at the top and bottom of the marked portion, and secured it with the usual figure-of-8 and bougie ligature. I then cut through the skin over the course of the vein, opened the vein itself above the lower ligature, and slit it up on a director as far as the upper pin, a distance of about nine inches. But when I had thus laid open the vessel, it struck me that the healing of the wound would probably be accelerated if I removed entirely this ragged-looking piece of useless membrane; I, therefore, cut it across at each end, and removed it by dividing some small branches. The vessel was quite empty, and no blood was lost during the

operation. In performing it another time, I should, after exposing the vein, cut it through, and remove it at once, without opening it. Three hare-lip pins and figure-of-8 ligatures had also been placed on the vein higher up, a little above the knee. The wound was dressed antiseptically, according to Lister's method, and a bandage applied firmly as high as the knee.

As regards the after-progress of the case, I need only remark that on December 1st the wound was found to be nearly healed, and the carbolized dressing was left off; it would have been better for the patient if this had been continued for a few days longer, for his recovery was somewhat retarded by a slight attack of erysipelas, which now invaded the limb.—*Brit. Med. Journal.*

TREATMENT OF ANEURISM AND WOUNDS OF ARTERIES.

Prof. Verneuil recently read an interesting paper upon this subject at the Paris Société de Chirurgie (since published in the *Gazette des Hopitaux*, October 8 and preceding), founded on seven cases that have come under his care. Of these, four were examples of spontaneous popliteal aneurism, one a case of femoral supervening on contusion, one a radial occurring after a wound, and one a palmar arising amidst a purulent collection. In five the aneurisms were circumscribed, and in two diffused. The subjects were all males, and, with the exception of one, in good health and the prime of life. The result was successful in five cases (two of the popliteal, in the femoral, the palmar, and the radial), and fatal in two. The duration of the treatment (except for the radial) was prolonged, requiring a mean of two months and a half. In three of the instances the patients cured themselves, almost without the direct concurrence of the surgeon, who only gave his instructions and surveillance. The part which the patience, address, and intelligence of the patient may play in such cases is well known, and forms a resource which should never be disdained. In one of the two popliteal aneaurisms which proved fatal there was gangrene of the leg caused by emboli, and followed by purulent infection; in the other there was arthritis of the knee and phlegmon of the thigh. These results in both cases M. Verneuil attributes to the treatment employed, and thinks that they might have been avoided.

Passing in review the different procedures that were employed in the seven cases, he states that *compression* was at once resorted to in six cases, succeeding in two and abandoned in four. It cured unaided the radical, and, in conjunction with flexion and extension of the leg, one of the popliteals. In two cases it was abandoned, in consequence of the great pain it speedily caused, and of its failing to arrest or even moderate the progress of the affection. Although in the present series of cases compression has proved of so little advantage, M. Verneuil has in other cases achieved brilliant success in its employment; but these failures should tend to moderate the enthusiasm which has of late regarded it as a panacea. *Flexion* had to be abandoned in two cases because it only arrested incompletely, and with great trouble, the pulsations of the aneurism. In two other cases it furnished excellent results, as it alone was required to effect the cure in one of these, and powerfully aided the effect of compression in the other. It has the advantage of allowing the patient to quit his bed and walk with crutches without compromising the result. *Injection of perchloride of iron* was performed with complete success for a small palmar aneurism, but failed when tried in a popliteal; and the method seems suitable only for small aneurisms situated in regions where the detachment of a clot would not be of much consequence owing to the abundant collateral circulation. Like most French surgeons, M. Verneuil has had very limited experience in the use of the *ligature* in aneurism; but in the case of popliteal aneurism in which he employed it in the present series it succeeded promptly and speedily, care having been taken not to attempt union by first intention.. *Amputation* is an extreme measure, which at the present day should hardly be deemed as one of the methods of treating aneurism. Still, it is indicated as a last, although precarious, resource when certain complications occur, such as gangrene, diffuse phlegmon, purulent arthritis, bursting of the sac, hemorrage, etc.; and M. Verneuil now regrets that in two of his cases in which precise indications were present he allowed the opportune time to pass by without venturing upon the operation.

M. Verneuil thus summed up his opinions on the treatment of wounds of the palmar arch: 1. In recent wounds compression is usually inefficacious, and sometimes dangerous in consequence of the phlegmonous inflammation to which it gives rise. 2. The application of the ligature within the wound is generally easy, requiring patience rather than dexterity; and it is usually followed by the best results, simplifying rather than aggravating the palmar wound. 3. When the wound is old and attended with repeated secondary hemorrhages and inflammations at the seat of injury and its vicinity, with tumefaction and suppuration, direct compression is inapplicable, insupportable, and useless, while indirect compression is usually useless. 4. While the ligature of the two ends of the vessel in the wound is a laborious and really difficult operation, it can usually be effected; and the fears of friability of the arteries is illusory. The necessary incisions, provided that they are made with prudence and with proper anatomical know-

ledge, are not so mischeivous with regard to the future functions of the hand as they have been said to be, while they modify in a favourable manner the course and termination of the palmar phlegmon. This form of ligature puts an end to hemorrhage more effectually than any other means. 5. The indirect ligature of the arteries of the forearm is of easy application, but rarely successful. 6. Ligatures of the axillary or brachial, besides that they are neither so easy nor absolutely innocuous, are far from being a certain means of arresting hemorrhage and of putting an end to the inflammatory complications of the wound.—*Med. Times and Gaz.*, Oct. 24, 1874. (*Abstract of Med. Science.*)

WHEN SHOULD PSOAS ABSCESS BE OPENED.

Mr. Walter Rivington, of the London Hospital, in an instructive lecture on the varieties of psoas abscess, thus answers the above question:

"In the present state of our knowledge I believe I am giving you sound advice in recommending you not to be in a hurry to touch these cases. Try change of air, tonics, and generous diet, and only interfere if the abscess is spreading inconveniently and threatening to burrow among the muscles of the lower limb, or if you think there is danger of some serious complication, such as a communication being formed with the peritoneum or the hip joint.

"In the cases which are uncomplicated with spinal disease the abscess should be opened as soon as it is accessible in the groin. In some instances it would be justifiable to cut down upon it over the iliac fossa, proceeding, of course, with all the caution necessary to avoid the peritoneum; but in general it would be better to wait until it could be pressed below Poupart's ligament.

"How should it be opened? Almost every surgeon has had his favorite method of opening abscesses and that method has been the outcome of his pathological creed. I am in favor of an incision sufficiently free to allow an unimpeded exit to the pus. and, as Mr. Bryant has remarked, to permit the escape of air again if any should enter the abscess cavity. Mr. Luke had some very successful cases of large abscesses treated by much freer incisions than those generally employed. Moreover, I am in favor of such an application of the antiseptic system as shall prevent decomposition and putridity of discharges without occasioning an injurious irritation. So far as my experience has extended, I do not regard the pneumatic aspirator for opening abscesses with any degree of approval, valuable as it is in its other applications. Drainage-tubes passed from one end of an abscess to the other often prove most serviceable when we have a large cavity to deal with, and are disinclined or are unable to make free incisions. They permit a free discharge of pus, prevent bagging, stimulate the cavity to contract, and encourage the growth of granulations. I do not believe in the application of ice with the same fervor as Mr. Simon, because I do not regard the chronic secretion of pus, etc., as dependent on any elevation of temperature of the pyogenic surface which the external application of ice can subdue.

"With regard to opening psoas abscess which has entered the thigh I would offer one suggestion. We know that the neck of the abscess is situated outside the femoral artery, immediately below Poupart's ligament. To whatever extent the abscess has descended in the thigh, I would recommend that an incision should be made down to the abscess at this spot (if impulse can be felt here on pressure or coughing), so as to insure a free evacuation of the pus from the part of the abscess cavity in the abdomen, and to prevent the pus passing backward and endangering a communication with the hip-joint.—*American Practitioner, Mar. 1875. Clinic.*

THE PROPHYLAXIS OF TETANUS.

Dr. Moodeen Sherrift, of Madras, says, in one of the late reports of the Triplicane Dispensary:—

In a previous report I remarked: During the last few years I have used opium in every case of wound or ulcer in which there was a fear or suspicion of tetanus, and the result is that the latter has not occurred in any case up to the present moment. This was not the case before I began the use of opium, when tetanus did occur occasionally among the patients suffering from wounds and ulcers; so that the complete exemption enjoyed by my patients, during the last few years, from so dangerous a disease as traumatic tetanus is directly attributable to the use of opium. Not only opium, but the timely administration of any other medicine possessing the combined action of anodyne and anti-spasmodic will, I think, produce the same effect; but at present my experience is limited to the use of opium. Opium may not produce the desired effect if the source of irritation be very great, as it is often the case in compound comminuted fracture of large bones, but in less severe cases of wounds and ulcers, if tetanus is to occur, it will be warded off by the use of that drug.

I still continue the same plan of treatment, and have greater confidence in it than before. It is now more than six or eight years since I first employed it, and up to the present date traumatic tetanus, has not occurred in any case in which opium was used. During the last year the disease occurred in one case of wound in which no opium or any other anodyne or antispasmodic medicine was used.—*Med. and Surgical Reporter.*

BELLADONNA IN SPASMODIC ASTHMA.

Dr. George G. Wood, in the *Philadelphia Medical Times.*, of the 19th of September, gives the result of his experience with large doses of belladonna in the treatment of asthma. He says :

"I usually employ the tincture of the United States Pharmacopœia, in doses ranging from twenty to sixty drops. The strength of the tincture differs so much, as commonly kept in shops, that the size of the dose must be lost sight of, and the quantity given be regulated by the effect produced. It may be given during the paroxysm with great advantage, but it acts best when given before the attack commences. For example, if the patient has nocturnal attacks coming on after midnight, as is usual, give him a dose just before going to bed, and repeat it if necessary to produce sound sleep. He fails to awake at the usual time for the attack to commence, and sleeps on, awakening in the morning very much refreshed and strengthened. This treatment may be repeated night after night, until sufficient time has been had to remove the tendency of the disease to return, either by changing his location, or adopting other requisite treatment, as the case may call for. I could relate several cases to prove the above statement, but will have to omit them for want of space.

"Sometimes, but not often, belladonna produces dryness of the fauces, and delirium. These are indications which show that it should be discontinued, and hydrate of chloral should be employed in its stead. It may be used on the same principles as belladonna to produce sleep, and thus ward off attacks. For the past two years I have been treating spasmodic asthma on these principles, and with most satisfactory results."—*New York Medical Journal.*

Medical Items and News.

PROFESSIONAL EXAMINATIONS.—The following were the questions on Surgical Anatomy and on the Principles and Practice of Surgery submitted to the candidates who underwent their examination for the diploma of Membership of the Royal College of Surgeons, viz. :—1. Describe the operation of tying the external illiac artery; and state how the collateral circulation would be established. 2. What muscles may act to displace the fragments in fracture of the lower jaw, in various parts of the bone ? 3. Describe the structure of, and mode of healing by, granulations. 4. What symptoms, before operating, would lead you to conclude that the contents of a hernial sac are in a state of gangrene ? and what treatment would you adopt in such a case ? 5. When the radius or ulna is broken alone, at what part of the bone, in either case, does the fracture usually occur ? State the reasons why these particular fractures happen, and how you would treat them. 6. Enumerate the several causes of retention of the urine in the male; and describe the means you would adopt in each case for its relief. Candidates were required to answer at least four (including one of the first two) out of the six questions. The following were the questions on the Principles and Practice of Medicine, viz.—1. Describe a case of typhoid fever, giving the incubation, the various stages of the disease, the process which goes on in the intestines, together with the modes of death and the treatment. 2. Define and illustrate the following terms :—Puerile respiration ; bronchophony ; pectoriloquy ; ægophony ; fine crepitation ; sibilant râles ; cracked-pot sound ; metallic tinkling ! dulness on percussion. 3. Mention some of the principal causes of vomiting, and the remedies you would use to arrest it. Write two of the prescriptions in full.

SURGICAL TREATMENT OF OZÆNA WITHOUT PRODUCING DEFORMITY OF THE FACE.—Dr. Rouge, of Lausanne, has devised and executed the following operation. The patient being placed under the influence of an anæsthetic, the head inclined to the right, the upper lip is raised as high as possible. The gingivo-labial ridge of the first molar is then, on the right, incised to the left. All the tissues being divided, the anterior nasal spine is reached, and then the septum is detached from its base. It is now possible to introduce the finger into the patient's nose and to explore the nasal fossæ. If necessary, a still larger way may be opened by dividing the cartilages of the alæ nasi at their maxillary insertions. In nine cases operated upon by this process, it was possible to extract sequestra, to scrape the bone, and to cauterize fungosities. Cure followed in every case save one. Hemorrhage somewhat abundant in a single case, was never sufficient to cause anxiety or to give occasion for the use of ligatures or hæmostatics.—*La Trib. Med.*, July 19, 1874.

ADIPOCERE.—During the past summer, an example of the conversion of the tissues of the body into that spermaceti-like substance known as adipocere occurred in the body of a woman which had been dredged from the Thames, in London, after having been embedded in the mud for an unknown period—probably two or three years. Upon rapping, the body was hard and perfectly resonant, and the whole of the internal organs were converted into a solid mass, which, like the rest of the body, when cut into, had the appearance and consistence of hard, discolored wax. One leg was absent, having, probably, been separated by the weight of the mud when the body was pulled by the dredger.—*N. Y. Med. Record.*

TREAMMENT OF ECLAMPSIA.—In the *Berl. Beit. zur Gebuetsk. und Gyæncok.*, Dr. Jaquet recommends the following treatment for uræmic eclampsia and eclampsia from acute anæmia of the brain, viz.: The patient must be completely enveloped in a large sheet dipped in water of 72° Fah., and well wrung out. Then cover the patient with a large woolen blanket, merely leaving the head uncovered, upon which an ice-bag is to be placed. If labor should be far advanced, the lower extremities must be wrapped up separately to avoid uncovering during the birth of the child. Ten minutes after the application of this envelopment the skin reddens, and in about an hour a free perspiration sets in, continuing as long as the sheets remain on. This treatment used during pregnancy is followed by no ill consequences, likewise none need be feared after labor. After perspiration begins, the convulsions rapidly diminish, both in frequency and intensity, and the patient soon falls asleep. Chloroform, morphia, opium, or chloral hydrate may be used simultaneously. The patients never complain of a feeling of discomfort, even if the envelopments are continued for a longer time, nor was the life of the child ever endangered thereby.—*Chicago Medical Examiner.*

SOLUTION OF MORPHIA FOR HYPODERMIC INJECTION.—Dissolve ten grains of hydrochlorate of morphia in two drachms of distilled water by the aid of heat, without any acid, spirit, or glycerin. Two minims of this solution, *i. e.* one-sixth of a grain, should be the commencing dose. It becomes solid at ordinary temperatures, and when wanted for use must be heated. The advantage is, that however long it is kept, the solution never spoils.—*Dr. H. Lawson.*

NEW RESEARCHES ON DIABETES.—We learn that Dr. Pavy has obtained some experimental results which are likely to throw a new light on the subject of diabetes. He has found that the injection of defibrinated arterial blood into the portal system occasions a saccharine state of the urine. In one experiment, the urine after the operation contained fifteen grains of sugar to the fluid ounce, and in others the quantity has amounted to nearly the same. In the counterpart experiment of injecting defibrined venous blood into the portal system, the urine showed no signs of the presence of sugar. It thus appears that oxygenated blood passing to the liver causes an escape of sugar from the organ, and thence an accumulation in the system and discharge with the urine. It also appears that through the medium of the respiration of oxygen he has succeeded in inducing a sufficiently oxygenated state of the blood to similarly give rise to the production of saccharine urine. He has further found that through the agency of the inhalation of puff-ball smoke an immediate and strongly diabetic state may be induced, and that the effect is accompanied with such a modification of the circulation that the blood flows through the vessels, as is the case after section of the sympathetic, without becoming de-arterialized. His experiments, he considers, suggest that in diabetes of the human subject, the blood, in consequence of vaso-muscular paralysis, is allowed to reach the portal vein in an imperfectly de-arterialized condition, and thus determines the escape of sugar from the liver. We understand his results are to be brought forward at the Royal Society as soon as its meetings commence.—*London Lancet.*

PHYSIOLOGICAL EXPERIMENTS UPON THE HUMAN CORPSE.—The experiments made by Drs. Keen and Seiler upon the body of Heidenblut, at Philadelphia, immediately after its removal from the gallows, showed that the internal intercostals are muscles of inspiration and the external intercostals, muscles of expiration, the former lifting the ribs, the latter depressing them. In testing the facial muscles it was also shown that the pyramidalis nasi is a direct antagonist to the occipito-frontalis.

TETANUS SUCCESSFULLY TREATED.—Dr. J. B. Carruthers reports (*Lancet*, Sept. 26th, 1874) a case of traumatic tetanus in a boy, æt. 14, successfully treated by chloral hydrate and bromide of potassium. At first the case was most disheartening, but by steady perseverance in the treatment the convulsions gradually weakened and finally ceased. The amelioration of the symptoms on the third day after the chloral hydrate and bromide of potassium were given, were most marked.

TREATMENT OF PERTUSSIS BY INHALATION.—Dr. J. Winthrop Spooner, in the *Boston Medical and Surgical Journal*, Nov. 5th, 1874, details the results of his experience in eleven cases of whooping-cough treated by the plan recommended by Dr. John J. Caldwell of Baltimore in the number of that journal for April 20th, 1871; viz.: R. Fluid-ext. belladonnæ mv ad x; potass. bromidi ℈i; ammon. bromidi ℈ij; aquæ ℥ij. Inhale one tablespoonful in an ordinary steam-atomiser. Dr. Spooner uses a tablespoonful of this mixtnre, and fills up the glass of the atomiser with water. When the disease is at all severe, he uses the atomiser twice daily until the urgency of the symptoms is relieved, and then continues it once daily until the cough has entirely disappeared. In some cases, he has somewhat varied the proportion of the ingredients, but has made no essential departure from the formula given. The effect of the method shows itself immediately; and, besides the prompt relief of the distressing symptoms, the period of the disease itself is much lessened in the majority of cases. In only one of the eleven cases was any other treatment than that by inhalation used; and the

apparent failure in this case seemed to be due to the difficulty in administering the remedy thoroughly, on account of the age of the child—only two years old.—*British Medical Journal.*

BODY FORCE AND STIMULANTS.—In an editorial on the above subject in the Brit. Med. Journal the writer says: Our treatment has assumed a character too decidedly stimulant, and not quite sufficiently nutritive. Stimulants ought to be regarded as auxiliaries to nutrition more than they are at present. Nutritive material as milk, meat-juice, eggs, and various forms of starch, ought to form a greater matter in the dietary of the sick than stimulants, whether nitrogenized or alcoholic; such materials when assimilated, give supplies of force. Stimulants may assist in their assimilation, and do so; but, in themselves, stimulants only furnish limited supplies of force-bearing material. They are, however, a means by which the system may reach some of its physiological reserve fund. Such use may be advantageous or pernicious, according to circumstances; and ill-regulated or excessive process of stimulation, may give results as disastrous, as a wise and intelligent resort to stimulants may be beneficial and preservative in its consequences.

PERITONITIS WITH PURULENT EFFUSION: TAPPING: RECOVERY.—Dr. A. J. Fuller of Bath, United States, reports the following case (*Transactions* of the Maine Medical Association, 1874). Mrs. S., aged 28, previously healthy, was attacked on the night of May 12th, 1872, after walking some distance exposed to cold night air; all the usual symptoms of peritonitis were present, high fever, tenderness and swelling of the abdomen, with constipation. Dr. Fuller saw her on the 13th, and pursued an active antiphlogistic treatment, combined with alteratives and sedatives. On the 19th, she was so far recovered that he discontinued his visits. On May 24th, he found the abdomen largely distended; no pain or tenderness; she felt quite well. There was fluctuation over the whole abdomen, having all the appearance of serous effusion. The distention had been very rapid, without any perceptible constitutional disturbance. Such remedies as were indicated were employed, without the least improvement. There was no perceptible change for six weeks; then some slight chills, with prostration, appeared. Feeling that further delay would be detrimental, Dr. Fuller operated July 16th, and, on withdrawing the trocar, it was followed by a full stream of six quarts of pure pus. The wound was dressed with cotton-wadding, secured by adhesive straps. In the following three weeks, Dr. Fuller drew five quarts more of pus at different times—the original wound never healing until all was removed. This large drain rendered the patient somewhat anæmic, with loss of strength. With tonics and general diet she soon began to recover, and seemed to fully regain her health. The interesting point is, that so large a collection of pus should form suddenly with so little constitutional disturbance.—*British Medical Journal,*

TREATMENT OF CANCER BY ARSENICAL PASTE.—Dr. Daniel Lewis, of New York contributes to the *American Practitioner* (December, 1874) the results of ten unpublished cases of cancer treated by Marsden's arsenical paste, viz: ℞ Arsenious acid, ʒ ij; mucilage of gum acacia, ʒ j. Mix into a paste too thick to run. Of three cases treated by Dr. Crandall, Andover, New York, one patient, a male, aged 69, "lived two years without recurrence (of the epithelioma of two years' standing below the left ear), when he died of some cardiac affection"; the second patient, aged 50, with epithelioma on the right cheek, still remains well after five years; and the third, a male, aged 62, with medullary cancer of the vertex, continues well after two years. Dr. Lewis reports seven cases treated in the same way by himself, with uniformly satisfactory results; and two cases by Dr. Fordyce Barker, one without recurrence after four years, and the other with recurrence after one year, when the knife was used, but with what result is not known.

METHOD OF REPAIRING REGISTERING THERMOMETERS.—It may be of service to our readers to know how to repair their thermometers, and therefore we publish the following suggestions on the subject, copied from the *Boston Medical Herald*:

The first method is to apply gentle heat to the bottom of the thermometer until the mercury rises to an expansion at the top of the glass. Permitting a little to enter this expansion, a sharp quick blow on the top breaks the column in a number of places. Shaking all down into the lower bulb, a little remains at the top to form the needle. This is forced out by heat, and partially shaken down, when the instrument is again serviceable.

In the second method, the bulb is cooled till a small space is visible above the mercury. Then the instrument is quickly inverted and held perpendicularly between the thumb and finger. In this position a sharp blow is struck, ramrod fashion upon a thick, flat, rubber eraser, laid upon a table. A minute portion of the mercury will be thrown past the empty space into the tube, and may serve as an index.—*Journal of Medicine, Nashville.*

JABORANDI.—This is the name of a new pharmaceutical product obtained from a laurel-like shrub which grows in the northern part of Brazil. It has recently been introduced to the notice of the profession in England by Dr. Sidney Ringer, by whom some interesting experiments have been

conducted with the drug. Its leading properties place it in the class of diaphoretics and sialogogues. Its power of increasing the flow of saliva appears to be remarkable, and copious diaphoresis follows its use. The dried leaf is the part used.

THE USE OF COTTON-WASTE INSTEAD OF SPONGES IN DRESSING WOUNDS.—There has been brought into use at this hospital, for the dressing of wounds, picked cotton waste. This waste is similar to that used for the cleaning of engines, and has to be picked over by the patients before it is ready for use. The advantages it possesses are, that it is as satisfactory in the dressing of wounds as sponges, with the further advantage that when once used it is destroyed. It is cheaper than oakum, and much finer in texture. It was introduced into the hospital by the superintendent, Dr. Paine.—*N. Y. Med. Journal.*

APOMORHINE.—This remedy, which in composition differs from morphine only in having one equivalent less of water, possesses properties totally different from the latter body. It exercises an elective and almost exclusive action on the nervous centres which control vomiting. Employed hypodermically, which is the best way of giving it, it produces vomiting from six to ten minutes. There is no subsequent sickness or irritating effect on the digestive tract. The dose for adults is 7 to 8 milligrammes, for children 1 to 2 milligrammes. M. Moeller recommends that the first injection should contain 5 milligrammes, to be repeated if vomiting does not ensue. M. Jurasz recommends apomorphine as an expectorant, and administers it in doses of from 1 to 3 milligrames every two hours.—*Lyon Médicale, 18, 1874.* E. F.—*New York Medical Journal.*

INDICATIONS FOR THORACENTESIS.—In a communication on the subject of pleuritic effusion (*British Medical Journal*), Dr. J. R. Wardell, of Tunbridge Wells, thus states the conditions which may be regarded as the morbid states, and the positive and negative signs, demanding the operation:

1. In all cases in which inspection and the physicial signs give evidence of a large quantity of fluid, when there are symptons of compression of the lung, and there is manifest cardiac displacement.

2. When there are urgent dyspnœa, an irregular pulse, and threatening of orthopnœa.

3. When the affected side is smooth and rounded, and the intercostal spaces are effaced or protrude; when measurement proves bulging; when the dullness in the chest is complete, or demarcated, and absolute; when there is abolition of tactile fremitus; when there are broncho-phonic voice, tubular breathing, and absence of breath-sound; when the patient can only lie on one side, or in diagonal position; and when there is the Hippocratic sign of succussion.

4. When the exploratory needle proves the fluid to be purulent.

5. If the heart be pushed from its normal situation, and the apex be substernal or beyond the right sternal edge, or if it be thrust toward the left hypochondrium, or if it be lost; when it becomes presumptive that the organ has been driven inward and backward; and when on the one side the liver depends abnormally into the abdomen, and when on the other side relaxed and down-pressed diaphragm so displaces the spleen that its free edge can be *felt*.

6. When half the thoracic cavity is filled, and a month or so shows no proof of absorption, the less are the chances of expansion.

7. In those exceptional cases of double pleurisy when both cavities became half filled with effusion, and dyspnœa shows the lung-space to be dangerously encroached upon.

8. In pulmonary phthisis, when the accumulation of serous or sero-purulent secretion causes distress, and when the other lung assumes the symptoms of bronchitis or pneumonia the operation should at once be performed.

6. In mechanical hydrothorax it may be had recourse to, though with no object to cure, but with merely a view for a time to prolong life and to aid the action of medicinal remedies.

10. In children, whose chest-walls are thin, and in whom the white tissues are more developed and confer greater resiliency to the thoracic parietes, and whenever there are certain evidences of fluid, it should without delay be evacuated.

11. In hydro-pneumothorax it may be generally with safety and benefit employed.

12. Pointing externally should never be waited for.

13. Under certain circumstances repeated tappings are required.—*New York Medical Journal.*

After discussing all that can be said in favour of advertising medical works in the lay press, or in excuse thereof, the *British Medical Journal* arrives at the following conclusions:—"That in medical advertising, British medical authors and publishers must conform to the rule which is current in France (we believe, indeed, everywhere in Europe) and in America. This may be severe, but it cannot be intolerable, since it is the rule of propriety universal amongst medical men in every other civilised country in Europe. The physician, the surgeon, the general practitioner who in France, or in America, should advertise, or allow to be advertised his medical works in a political paper, or in any other than a medical paper, would at once indicate that he resigned his pretensions to professional respect, and that he accepted professional ostracism.

Is it not, indeed, without meaning that books addressed only to technically educated men—books unintelligible, and, if unintelligible, therefore offensive to the eyes of ordinary people—should be announced at the breakfast-table that the young lady who looks for the last new novel, or the latest announcements in music and literature, must perforce read of 'The Disease of the Genital Organs,' 'The Pathology of the Testicle,' 'The Painless Cure of Gonorrhœa,' 'The Means of Fecundation,' and the Cure of Sterility'? There are certain medical authors who avowedly address books for good and useful reasons to non-medical authors; those will, of course, take their place, as before, among avowedly popular books. We are not speaking of these, but of purely medical works for medical readers. We say that there is no reason in the world why these should be advertised in the daily papers.'—*Student's Journal & Hospital Gazette.*

AN ANTIDOTE TO CHLOROFORM.—Dr. Schuller has discovered that the nitrite of amyl quickly removes the effects of chloroform on the vessels of the pia mater, and that even in cases of advanced narcotism from the latter drug it rapidly relieves the dyspnœa and laboured respiration, restoring the strength of the pulse, and the reflex excitability. This discovery may prove of much practical value where chloroform continues to be the favourite anæsthetic.—*New York Med. Four.*, Feb. 1875.

TREATMENT OF ACUTE RHEUMATISM BY THE PACKING PROCESS.—Dr. Donse, of London, has recently been advocating the above method. He says the first thing to do in the treatment of rheumatic fever is to eliminate the acid products of the diseased state; and the next, to relieve pain. To bring this about he has been in the habit of packing most of his cases in a wet blanket, and then rolling them up in dry blankets, so as to produce profuse sweating, and also increase the temperature. Finding that this method gave good results, he adopted a systematic mode of procedure, which he thus describes: The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot water. The patient is then enveloped in the blanket, and covered with six folds of dry blanketing. By this the temperature is raised, and profuse sweating results; the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by freely drinking warm milk and water. If the temperature exceed 102° F., the stimulant is unnecessary. The treatment is continued for three days. He finds that after the third pack the pain completely subsides and the sour taste usually disappears. He gives the detailed histories of six cases, taken from some thirty which have been submitted to the packing process and of which only one had failed of success. The author is of the opinion that the constitution or age of the patient does not so much influence the duration of the disease as the season of the year and state of the atmosphere, and he has repeatedly observed that if a patient with acute rheumatism in one ward had a relapse, it invariably followed that patients in other wards were similarly influenced. To carry out the treatment without failure, the prescribed regulations must be strictly adhered to.—*British Medical Journal*, January 23, 1875.—*Med. Review N. Y.*

COUGH AND SWEATING IN PHTHISIS. — *Dr. Little*, of Dublin, recommends the following combination for the relief of the distressing cough of phthisis, and for diminishing the sweating:—

Acetate of Morphia, 2 grains.
Liquor of Atropia, 6 minims.
Dilute Hydrocyanic Acid, 36 minims.
Syrup of Virginia Prune to an ounce and a-half.

A measured drachm to be taken, unmixed with water, on going to bed, and once again during the night if necessary. — *Dublih Journal of Medical Science*, January, 1875.

DIPHTHERITIC SORE THROAT. — *An easy ana successful method of treating it, by Dr. Lolli.*—The following method of treatment has given similar results for many years, and the conclusions drawn by the author are as follows;—1. Never cauterize the throat or abstract blood; abstain from purgatives and emetics, unless in very exceptional cases. —2. Nourish the patient according to his appetite, but let the food be light and easily assimilated. —3. Keep up the functions of the skin from the very commencement of the disease till the local, or still better, the general symptoms allow you to judge that the morbid process is extinct. (Great stress is laid on this point.)—4. For local application, as well as for internal use, the author strongly recommends the following "antidiphtehritic mixture": — Boiling water, ʒvi.-xx.; liquid sesquichloride of iron, min. xx.-ʒi.: carbolic acid, grs. iij.-xx.; red honey, ʒvi. This can be used internally and as a gargle every two hours; one or two spoonfuls being a dose. The result of this treatment in 60 cases has been—a mortality less than 2 per cent.; medium duration of the attack, 8 to 10 days; extension of disease to air passages rare and slight; sequelæ, none or very rare.—*Repeterio Falisciense, Dcc., 1874.* (*Glasgow Medical Journal.*)

Dr. Robert Barnes is said to have relinquisged the apointment of Obstetric Physician to St. Thomas's Hospital, in order to fill a similar position in St. George's Hospital. His successor is Dr. Gervis.

THE CANADA LANCET:

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TORONTO, APRIL 1, 1875.

MEDICAL ASSOCIATIONS AND MEDICAL TARIFFS.

We are glad to note the activity evident in the formation of Medical Societies in different parts of Ontario, and trust that many more associations of this kind will yet speedily be formed under the influences of appreciation and example. While we desire to encourage the formation of city, town, and township societies, we wish to point that out, with a view to legalizing a tariff of fees as a scale of "reasonable charges" under the Act, it is necessary that such tariffs should be submitted to the Council by the Division Association. This implies the formation of Territorial Division Associations; and as a consequence it is this kind of medical society that requires to be first of all established in the electoral divisions. It may be worth while in this place to quote the eighteenth section of the Ontario Medical Act, which especially applies to the formation of medical associations:—

18. "In each of the territorial divisions described in schedule C of this Act there may be established a 'Territorial Division Medical Association which may be briefly called the Division Association of such division; every member of the College of Physicians and Surgeons of Ontario, resident within the said territorial division, shall be a member; and the representative in the Council shall be *ex officio* chairman of such Division Association."

2. "The said Division Association may from time to time submit to the Council a tariff or tariffs of professional fees, suitable to their division, or to separate portions of their division; and upon the said tariff or tariffs of fees receiving the approval of the Council, signified by the seal of the College and by the signature of the President thereof being appended thereto, such tariff or tariffs shall be held to be 'a scale of reasonable charges' within the meaning of section number thirty of this Act, for the division or section of a division where the member making the charge resides."

On considering this part of the Medical Act it will be seen, that the existence of a Division Association is essential to the legalizing of a tariff of fees, though of course the tariff of any particular locality may be framed by a smaller local society and, being assumed by the Division Association, and the other necessary formalities being duly observed, may become of legal effect to the particular portion of the division covered by the local society. This is a wise feature of the law. It is obvious that considerations may be found to exist, which require a difference in the scale of charges to be made in different portions of a territorial division—differences which may be properly left to the decision of the local societies.

And yet we offer it as a point worthy of consideration, that the committees engaged in framing tariffs, should study to attain a certain degree of uniformity in the scales of charges, and to bring them strictly within the bounds of fairness. They will thus be more likely to receive the sanction of the Medical Council and the consent of the public. Glaring differences in the scales of remuneration will be noticed in the different tariffs already published; for instance, on examination it will be found that there is a wide difference in some of the corresponding items of the tariffs of the Chatham and North Ontario Societies, as published in our last number.

We desire to point out an item which supplements the fee bill of the North Ontario Association, as one worthy of commendation and imitation. It is the resolution that accounts are to be furnished every three months. We feel confident that if this resolve were generally acted up to, it would result in a material gain to the profession.

It may not be without interest in this connection to mention, that the medical profession in Boston follow the practice of having printed on the backs of their accounts the tariff of fees agreed to by the physicians, with the statement that each physician may make any deductions therefrom which the position or circumstances of the patient may war-

rant. This is a suggestive custom, and it may be asked, would not the same practice answer a useful purpose in this country? Let us say that the printed bill-heading should contain at the top in a condensed form some of the leading items of the tariff, and the words "quarterly accounts." We cannot but think that the merit of such a custom would soon be proved, in the more satisfactory nature of the settlements with clients.

But as it is the main object of this article, to encourage the formation of Territorial Division Associations, we conclude by reminding our readers of the importance of attending to the matter and seeing to it, that where such societies do not already exist, they should be instituted without loss of time.

THE THERMOMETER AS AN AID TO DIAGNOSIS.

We have before us M. Labadie Lagrave's translation from the German into French of Professor Wunderlich's work on "Temperature in Disease" and as there is reason to believe that the use of the Thermometer has not yet generally obtained with practitioners the importance due to it, we purpose translating passages from this exhastive treatise on the subject, written from an extensive experience embracing at least half a million exact thermometric observations. No better illustration of its efficacy in the detection of latent disease can be adduced than the narration of a case recorded by Dr. John Davy in his "Researches, Physiological and Anatomical." When Dr. Davy was collecting his extensive observations on the normal temperature of the body, he was surprised to find that one person exhibited for many weeks a persistent temperature of 104 Fahrenheit. this person was a lunatic soldier, and Dr. Davy remembered that the insane do not seem to suffer from cold nor heat like ordinary individuals, and that there are certain organic lesions which are apt to occur in them, unaccompanied by the usual symptoms. For example, tubercle and cavities of the lung occur without cough or difficulty in breathing: and although no warning nor any indication may be given, the disease runs its course, terminating in death, as certainly and as rapidly as if indicated by the ordinary train of symptoms. Discovering then, as it were by accident that the temperature in this lunatic was as high as 104.5° F. and that his pulse was rapid, Dr. Davy's attention was more particularly aroused; and although the man made no complaint, but had a good appetite, with his digestive functions so far as were known, acting well, yet disease of the lungs was thus discovered. The lunatic died in a month of acute tuberculosis, not otherwise expressed by symptoms beyond the great, persistent and continuous elevation of temperature thus incidentally noticed. There were ulcers of the larynx found after death, but there had been no affection of the voice; there were vomicæ and tubercles in the lungs, but there had been no cough; there were ulcerations of the intestines, but there had been no diarrhœa; there was disease of the testes, vesiculæ seminales, and prostate, of a severe kind, but these lesions had been equally latent during life, except hardening and enlargement of the testicle without pain, all which conditions were only casually observed. In this instructive case, a temperature of six degrees Fahr. above the normal standard was the earliest indication of disease. M. Labadie Lagrave's translation is preceded by an introduction by Dr. Jaccoud of the Laribosiere Hospital from which we will make extracts.

"I assert with the indisputable conviction experience gives, that the place of the thermometer ranges alongside with the stethoscope and pleximeter. From the point of view of medical practice, clinical thermometry is the greatest progress which has been realized since the discovery of auscultation and percussion. These three methods address themselves to different pathological elements; two throw light on the local organic conditions, the third revealing the vital condition of the patient. Together they are perfect. Their union constitutes the arsenal of the clinical physician. You will remark that from one point of view the thermoscopic method is more precise, less open to error than its predecessors. The observation of physical phenomena revealed to the hand and ear, is subject to the oscillations of sensorial perceptivity; the observation of thermic figures includes no uncertainty, it is a simple reading. If then it is true that auscultation and percussion have inaugurated physical diagnosis, it is not less true that thermoscopic observation has created mathematical diagnosis. In the present day it would be difficult

to realize, or rather one would realize with alarm, what medicine would be, deprived of the assistance supplied by Laennec and Avenbrugger; but in a few years when the thermic method, established by its inestimable services, shall have triumphed over inertia and routine, it will be demanded with astonishment mingled with retrospective pity, what could have been the discernment of disease when it wanted the support of this indication, the infalla bility of which is precious above all? Land at your will, either on the ground of science or on that of practice, and everywhere you will find the imprints of realized progress. Methodical observation by the thermometer has demonstrated the exhausting character of fever; it has fixed the character of different febrile cycles, and has furnished the proof of one of the fundamental truths of pathology, namely, the durability and immutability of morbid species; it has fixed the reality and the laws of crises, (quick or slow,) it has established on a solid base the Hippocratic doctrine, and modern science has been able to confirm, after thousands of years, laws formulated by the genius of the ancients—this method finally has revealed the existence of fever in maladies reputed apyrexic. The demonstration of the consumptive nature of fever of whatever character it may be, ought to introduce, and fortunately has introduced a complete reform in the treatment of acute disease, and numerous patiente already are indebted for their life to this therapeutic revolution. An inquiry into the connexions which exist between certain thermic figures, and certain symptomatic forms has revealed, that the generality if not the totality of febrile forms called ataxic, are the result of an excessive rise of temperature; this positive notion which has taken the place of hypothetical conception has indicated at the same time the only rational therapeusis. How shall we estimate the value of a method which, beyond all hypothesis, all interpretation, reveals day by day, hour by hour, the exact situation of the patient to the physician, and furnishes to his prognosis and treatment a certainty which has been the supreme but inaccessible end of practitioners from all time?

For myself, in the presence of the undeniable results of clinical thermometry, if anything could astonish me, it is the indifference and carelessness with which it is treated by the generality of our professional brethren. How can this be? We have here a method of exploring, of elementary simplicity, it furnishes for the interest of the patient, indications that would be vainly sought from any other method, it gives to medical appreciation a coin of vantage the solidity of which is such that the legitimate anxieties of a conscientious medical man are reduced to a minimum, and this method is not universally adopted! It is incredible! Verily an abominable fact is the stifling grasp of routine. The book that you present today to French Physicians, is the code of clinical thermometry, established on millions of facts by an attentive observer in transposing it to our language in the elegant and facile form that is habitual to you; you have overcome the last obstacle for familiarizing the method, and you will acquire a well earned title to the gratitude of all friends of progress."

Wanderlich in his preface to the second edition 1870, informs his readers "that for sixteen years he had without cessation directed his attention to the variations of temperature in disease. In all the patients in my clinical wards thermometric mensurations were made regularly twice a day. In the cases of febrile affections, the temperature is taken four or eight times a day, and frequently oftener if circumstances require it. I have also acquired the conviction from frequent trials that this method of exploration is equally applicable to patients attended at their own houses. I have thus collected by degrees, millions of thermometric mensurations and I have been able to follow the complete evolution of temperature in thousands of morbid cases." We propose from time to time continuing the translation of this valuable work.

TORONTO LUNATIC ASYLUM.

The report of the Medical Superintendent of the Asylum for the Insane, Toronto, for the year ending Sept. 30, 1874, is before us. From the summary of operations during the year we give the following:—Remaining in Asylum 1st Oct., 1873, 315 males and 311 females, total 626; admitted since, 86 males and 56 females, total 142; total under treatment, 401 males, 367 females, total 678; the number of recoveries 60—36 males and 24 females; improved, 13 males and 8 females; unimproved, 3 males 1 female; eloped, 3 males. The total number of deaths 40—26 males and 14 females.

The number of patients remaining in the hospital on the 1st of Oct., 1874, 640—320 males and 320 females. The average residence of males in Asylum, 11 months and 14 days; average residence of females, 2 years 1 month and 23 days. The causes of death are as follows:—Paresis 13; Phthisis 10—5 latent and 5 manifest; Epilepsy 2; Paralysis 1; Polypus of the heart 2; Softening of the brain 1; Kidney disease 1; Marasmus 1; Apoplexy 1; Intestinal perforation 1; Stricture of the colon 1; Abdominal disease 1; Exhaustion 3. The nativity and religious distinction of those admitted were, English 22; Irish 24; Scotch 15; Canadian 70; United States 6; others 5. Religion, English Church 37; Presbyterian 30; Methodist 34; Roman Catholic 24; others 15. Of the 147 admitted during the year 69 were married, 33 men and 36 women, and 73 single, 53 men and 20 women. Their occupations were, males, laborers 26; turners 27; carpenters 3; saddlers 2; law students 2; others 21; no occupations 3; females, domestic work 14; servants 8; farmers daughters 4; governesses 3; time-keepers 2; farmers wives 2; shoemakers wives 3; mechanics wives 5; others 10; no occupation 5.

PARESIS, OR GENERAL PARALYSIS.

Dr. Workman in his Report for the year ending Sept. 30 1874, which is just to hand, states that 13 deaths have resulted from this *invariably* fatal disease of the insane during the past year. This disease "he says," is decidely on the increase. In 1853 when he entered upon his duties there was not a case of it, nor did he find any record of it in the books. At the present time there are 13 cases in and more are coming. In the Annual Report for the year 1866 he introduced a brief detail of the symptoms of GENERAL PARESIS with a view of attracting more attention to this grave and interesting disease of the insane that it seemed to have received from the profession generally. From this report we make the following extracts which will be of interest to many of our readers:—

At the commencement, which is the period in which it is usually seen outside of Asylums, the patient not only is *apparently* free from any paralytic affection, but generally appears more active, lively and robust, and at the same time shows more mental energy than ever in his life before. Perhaps, too, the most constant characteristic, indeed, I would say *pathognomonic* symptom of the malady is a keen or even ravenous appetite. This keenness of appetite does not appear to be abnormal, for it is unaccompanied by any disturbance or disorder of the digestive function, and nutrition goes on well The patient eats heartily, and appears to benefit by his eating. He declares he never felt so well in his life. His friends think so too, but they have found that this improved bodily condition is unfortunately associated with irregularities of temper, transient defects of intellect, and strange moral perversions, which have begun to cause them serious apprehensions. The earliest paralytic, or more strictly speaking paretic, symptom may even now be recognizable, though very commonly not observed; I mean the defective articulation of speech, which is perceptible chiefly in the pronunciation of the labial and dental consonants; for the accurate formation of which an exact direction of the tip of the tongue to the anterior parts is necessary. This defect in the speech is not unfrequently assigned, by those ignorant of the truth, to drunken habit; but most unjustly and sometimes most cruelly. It arises from impairment of the lateral muscles of the tongue, or of the motor nerves supplying them. The muscles on the two sides do not act co-ordinately, or those on the affected side are overpowered by those on the opposite side, and in consequence the tip of the tongue fails to hit the centre point, to which it should be applied. The speech is therefore thickened, or blunted. This symptom goes on constantly augmenting, until the last stage of the disease, speech is almost wholly or altogether obliterated. The most usual form of delusion manifested by paretic patients, is that of an exaggerated appreciation of their own wealth, or some other qualification on which they may chance to have desired distinction. The *post-mortem* revelations, although by no means uniform, are nevertheless, over their wide extent, far different from those shown in the bodies of other classes of patients. After other forms of insanity, we may discover various cerebral lesions, or they may so far as our means of detection extend be totally wanting. This uncertainty does not obtain in general paresis; in it, the brain, or the spinal cord, very often both, are found to have been diseased, and the diseased condition of these vital parts has lain at the foundation of the malady, and has given form and feature to all its manifestations, both mental and coporeal. Other forms of insanity may be merely sympathetic or reflex, the brain being only secondarily or resultively affected. This is never the case in general paresis, and not only is the brain or the spinal cord always diseased, but almost invariably these are the only parts which are diseased. The organs of the chest and abdomen are, unless accidently, always sound. This is

a condition of the system rarely found to obtain in other forms of insanity. In these the brain indeed may be found undiseased, but absence of disease here will certainly be unassociated with exemption from it elsewhere. It is this exemption from disease in other parts, but especially in the digestive organs, which so usually leads the general practitioner to the formation, and too often to the pronouncement, of an erroneous prognosis. Nor in the face of the fact, that the patient is almost invariably free from headache, or at least asserts that he is so, is it wonderful that the diagnosis arrived at, should fail to involve the idea of any formidable brain disease. Yet the absence, not only of pain in the head, but also of every other sort of pain, and that throughout the entire subsequent progress of the disease, may be held as one of the most reliable diagnostic marks of general paresis. I would not assert that pain is absent in the incubative stage of the disease; but I can say that I have never met with it in any general paretic that has come under my care. If we have this absence of pain, combined with a keen or voracious appetite, a trivial impairment of the articulation of speech, such as I have already spoken of, and incipient, or perhaps fully developed phenomena of mental delusion, but especially in relation to money or property, there can hardly be a doubt that the case is one of *general paresis*.

"If the case has advanced beyond these limits, and the patient has had one or more apoplectiform seizures, out of which he, perhaps, very unexpectedly, speedily appeared to recover, and subsequently it has been observed that his speech has become more blunted, or, perhaps, only now for the first time has been noticed to be so; and if a change of gait is observed—not, indeed, amounting to paralysis of one limb, but very clearly indicating impaired muscular power in it—then is there no longer room for doubt; the case is one of *general paresis*, and the patient will die. *When* he will die is a question of great uncertainty; he may go off in his next apoplectiform seizure, or he may survive a dozen of such seizures; or, indeed, he may not have one at all.

HOMŒOPATHIC DOSES.

There can be little doubt of the fact that Cis-Atlantic homœopathic practitioners are gradually breaking away from the teachings of Hahnemann with respect to excessively minute doses and the extreme dilutions presumed to be essential in their practice. It was established a few years ago in a Canadian court that actually poisonous doses of aconite were administered homœopathically. Effective doses of other energetic medicines are also known to be administered by this class of practitioners, and according to the most modern American homœopathic authority the dose may be pushed until a therapeutic effect is evident. It may soon become dangerous to swallow granules and globules by the vial full, as we remember to have once seen done most demonstratively by an unbeliever in homœopathic "potencies." There must be a fearful want of uniformity among the practitioners of this school, and great variation with locality and latitude. It is only a year since the *Practitioner*, in a series of analyses proved the pills sold at the homœopathic pharmacies in London to contain no appreciative amount of sulphate of copper, mercury and other substances under the name of which they were sold, although these substances are most readily detected by the chemist, and their reactions with appropriate tests are the most sensitive and delicate in the whole range of practical chemistry. These pills, rationally and practically considered, were to all intents and purposes inert; but we are now told that in the United States the strongest tinctures are used, and larger and more absorbent globules of prepared sugar are employed to absorb the active constituents of the medicines selected, so that from this and other testimony it may be concluded that on the question of doses a great and fundamental change is being introduced into homœopathic practice.

MEDICAL ELECTIONS.—It is about time that our medical friends throughout the country were bestirring themselves with a view to the selection of candidates to represent them in the next Council of the College of Physicians and Surgeons of Ontario. The elections will take place on the second Tuesday in June. The term of service has been changed from three to *five* years, and it is very important that the best men should be chosen to represent the several Divisions.

STUDENTS OF VICTORIA COLLEGE.—The students of Victoria College who went over to the Toronto School of Medicine last winter, have, owing to some misunderstanding between them and the Toronto School Faculty, requested the privilege of coming up for examination before the University of Trinity College, Medical Department, which was granted, and they are at present undergoing the necessary examination. The late professors of Victoria College are, by invitation, acting as associate examiners.

NEW ADVERTISEMENTS.—Read the advertisements; there are some new ones in each number.

WANTED.—Back nos. of the CANADA LANCET for September, October and December 1870, and February 1871, for which a liberal price will be paid. Also back nos. of the Dominion Medical Journal for March and May 1870.

TRUSSES, &c.—The Banning Truss & Brace Co., still takes the lead in the manufacture of spinal braces, trusses, &c. The instruments and appliances manufactured by this company are the best in the market, and are in constant demand by physicians in all parts of America. The workmanship and finish of the instruments are all that can be desired and the price as reasonable as first class work of the kind can be done. We confidently recommend them to the profession in Canada

MONOBROMIDE OF CAMPHOR.—This remedy is being used very much by the medical profession in many parts of the world. It is formed by the combination of bromine and camphor, and occurs in white or colorless prisms, insoluble in water but freely soluble in ether, alcohol, and chloroform. The dose is two grains and is best administered in pilular form, combined with ext. gentian or liquorice as an excipient.

A NOVELTY.—The latest novelty (*Med. Press and Circular*) is a Homœopathic novel by an anonymous author entitled "Dr. Lowe's Sacrifice." A man loses his sweet-heart because he embraces Homœopathy is the skeleton of the romance. In order to make the book look like a novel certain characters are introduced all of whom, men and women, are made to discuss the relative merits of Allopathy and Homœopathy. By the aid of Homœopathy the hero of the tale is able to cure all sorts of disease, win fame and wealth and at last secure the hand of his once faithless fiancee.

OPENINGS FOR MEDICAL MEN.—There is good opening for a medical man in the village of Kettleby, Co. of York. No physician within a radius of seven miles. There is also a good opening for an experienced medical man in the village of Haysville, Ont., and one in the village of Dundalk, Co. of Grey, Ont.

RESIGNATION OF DR. WADDELL.—Dr. Waddell having been elected to parliament has resigned his post of Medical Superintendent of the Lunatic Asylum, St. Johns, N. B., after twenty five years service, and already there are several applicants in the field for this responsible position. Among the number we are informed that Dr. Steeves of St. Johns, is busy canvassing among his medical friends for a certificate of character and capability for the office. We trust, however, that our medical friends will be careful who they recommend to this important trust. It requires a man of a generous, noble, warm heart, full of kindly sympathy and yet possessed of sufficient firmness to command esteem and respect; of good administrative ability, thoughtfulness, care and foresight.—rare qualities of head and heart. Such a man was Dr. Waddell and we trust an able and worthy successor may be appointed in his stead. We hope the government will not entertain the application of Dr. Steeves for such a position.

MUTUAL BENEFIT ASSOCIATION.—We beg leave to draw the attention of the profession to the advertisement of the Canadian Medical Mutual Benefit Association to be found in another column. We are informed that the Association is meeting with very good encouragement, and we wish it abundant success.

FORGERY OF NAMES.—We most cheerfully give place to the following communication from the President of the College of Physicians and Surgeons of Ontario. We only regret that the true facts were not made known sooner, so that the party referred to might have been arrested and punished for his audacity:—

To the Editor of the CANADA LANCET.

SIR,—Referring to Dr. Hamilton's letter in the last number of the LANCET, I have to state that my name appended to the "Franks" document has been used without my knowledge or authority, in plain words is a forgery.

Yours, &c.,
M. LAVELL, M. D.,
President O. M. C.

P.S.—The other Kingston names I am informed are also unauthorised. M. L.

THE NEW MEDICAL REGISTER FOR ONTARIO.—The registered members of the College of Phys-

cians and Surgeons of Ontario are reminded that the New Register for 1875 is ready and will be sent to all members who have paid their annual fee of ONE DOLLAR. All who wish a copy should immediately forward their annual fee and they will receive it by return of mail.

PROFESSIONAL EXAMINATION, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The annual examination of the above college will commence on the 5th of April, and continue one week. The examination will be held in the Convocation Hall, Toronto University. Candidates are requested to send their certificates of time and course of study to the registrar prior to the above date.

HOSPITAL FOR SICK CHILDREN.—The inauguration of this valuable institution took place on Tuesday the 23rd ult. The hospital building is situated on Avenue road facing the Queen's Park, and is admirably adapted for the purpose for which it is intended. There will be accommodation for a considerable number of indoor patients, and there is also to be a dispensary connected with it, for out door patients. The medical staff connected with this charity are as follows :—Consulting staff, Drs. Hodder, Aikins, H. H. Wright and U. Ogden ; acting staff, Drs. Thorburn, Buchan, Fulton and Graham ; Dr. Reeve ophthalmic surgeon. The establishmemt of a hospital for sick children is a want which we are glad to see supplied in such a promising manner, and we hope to see the secretary, Mrs. L. McMaster, the worthy treasurer, Miss Hunt, and their co-workers liberally assisted in their good work by the generous and charitable people of this city and Province The institution is deserving of the confidence sympathy and assistance of all.

MEDICAL LEGISLATION IN THE UNITED STATES. There is at present a Medical Bill before the Legislature of the State of Michigan, U. S., for the purpose of regulating the practice of medicine within that State. It provides that all in practice before October 1875 shall be registered without examination, and those who qualify subsequent to the passing of the Act, and wish to practice in Michigan shall pass an examination before a board of examiners to be appointed by the Governor, and become licensed, such board to be composed of members of the general profession, homœopaths and eclectics in proportion to the number of members in the different Societies. It is in many respects similar to the Ontario Medical Act. We hope for the sake of the profession and the public in that State that it may become law.

THE LATE DR. JOHN L. LIZARS.

A meeting of the medical profession was held on the 16th ult., at the Canadian Institute. for the purpose of taking into consideration the best means to adopt to show their esteem and appreciation of the late Dr. John L. Lizars.

Dr. Bethune was appointed chairman, and Dr. John E. Kennedy secretary. The minutes of the last meeting were read and confirmed. The committee appointed to draft a series of resolutions brought in their report, which was adopted. The following resolutions were passed :—

To the Medical Profession of Ontario.

In view of the loss we have sustained by the decease of our friend and professional brother, John Lizars Lizars, M. R. C. S., and of the still heavier loss sustained by those who were nearest and dearest to him, be it

Resolved: That it is only a just tribute to the memory of the departed to say, that in regretting his removal from our midst, we mourn for one whose professional abilities were in every way worthy of our respect and admiration. Carried.

The following resolution was proposed and carried :—

That we sincerely condole with the family of the deceased in the dispensation with which it has pleased Divine Providence to afflict them ; and whereas, in consideration of the straitened circumstances in which the family of the deceased are left, by being so suddenly deprived of their only support, be it

Resolved: That an earnest appeal be made to the Medical Profession of Ontario, to contribute towards a fund for the support of the family of one who, during his life, was always ready and willing to aid others.

It was also resolved that a copy of the above resolutions be forwarded to all registered practitioners in Ontario, with the earnest request that they will each and every one, according to his means, contribute to a fund for the maintenance of the family of our deceased brother, and that all contributions, no matter how small, will be thankfully received and suitably acknowledged by the Treasurer, Dr. Bethune, Toronto.

Reports of Societies.

MEDICAL ASSOCIATION EAST RIDING OF KENT.

At a meeting held in Ridgetown on the 4th. inst. for the purpose of organizing a Medical Association for the East Riding of the County of Kent the following business was transacted :—

Moved and Seconded that Dr. Hicks, Duart, be President

That Dr. Rutherford, McKay's Corners, be 1st. Vice-President.

That Dr. Tye, Thamesville be 2d Vice-President.

That Dr. Samson, Blenheim, be Treasurer.

That Dr. Young, Ridgetown, be Secretary.

That the meetings of this Association be held alternately at Ridgetown, Thamesville and McKay's corners.

That the fee for becoming a member of this Association be one dollar.

That the tariff of fees adopted by the Western and St. Clair Division Medical Association, be adopted by this Association and in addition that accounts be rendered every six months.

That all cases of patients unwilling though able to pay, be reported (except cases of charity), at the next meeting.

That subjects for discussion be arranged by Drs. Rutherford and Young for next meeting.

That the report of the Western and St. Clair Division of Fees be amended by adding, that accounts be rendered every six months.

That the next meeting be held at Mahews Hotel, Thamesville, on Wednesday the 12th of May at one o'clock

DR. YOUNG,
Secretary.

Books and Pamphlets.

CYCLOPŒDIA OF THE PRACTICE OF MEDICINE.—Edited by Dr. H. Von Ziemssen, Prof. of Clinical Medicine in Munich; Vol. II., on Acute Infectious diseases; New York, Wm. Wood & Co.

This is the second volume of this great work on the practice of medicine. The first volume has already been before the profession, and has met with almost universal approbation. The volume now before us embraces the consideration of the following diseases: Varicella, Measles, Rubeola, & Scarlet Fever, by Dr. Thomas of Leipzig; Variola & Varioloid, by Dr. Curschmann of Berlin; Erysipelas, Miliary Fever, Dengue, Influenza and Hay Fever, by Dr. Zuelzen of Berlin; Malarial Diseases, by Dr. Hertz of Amsterdam; and Epidemic Cerebro-Spinal Meningitis, by Dr. Von Ziemssen. A short biographical sketch of the authors is given by way of introduction. There will be fifteen volumes in the entire book, but each volume is complete in itself on the subjects treated of, and is supplied with an index. The present volume contains upwards of 700 pages. It is well printed, on good paper, clear type, handsomely bound, and reflects great credit on the publishers. Two more volumes may be expected to appear during the present year, and the work will be completed in four years.

Births, Marriages and Deaths.

BIRTHS.

At Waterdown, on the 5th inst., the wife of W. Philip, M.D., of a son.

At York Mills, on the 16th inst., the wife of Dr. Armstrong, of a son.

On Tuesday, the 16th inst., at Mt. Pleasant, the wife of Dr. Marquis of a son.

MARRIED.

On Wednesday morning the 10th inst., at the residence of the bride's father, by the Rev. W. Irving of Cookstown, William H Farley, Esq., Alderman of the city of Toronto to Louisa, eldest daughter of R. S. Cheffy, Esq., M.D. Alliston, Ont.

On the 4th ult., by the Rev. Thos. MacPherson, Calvin Lutz, M.D., of Elmira, eldest son of Mr. M. C. Lutz, of Galt, to Kate, eldest daughter of Mr. McIntyre, of Stratford.

DEATHS.

At Barrie, on the morning of the 24th ult., Elinor Power, second surviving daughter of the late John Russell Ardagh, M. D., aged 24 years.

On the 25th ult., Dr. VanCourtland of Ottawa, aged about 60 years.

At Montreal, Wm. Sutherland M.D. Emeritus Prof. of Chemistry McGill College. On the 9th of February in the 60th year of his age, of Tubercular Phthisis.

At Toronto, J. L. Lizars, M.R.C.S. Eng. and Edin, on the 7th ult., in the 43rd year of his age from inflammation of the lungs. Dr. Lizars was born in Edinburgh. He was a nephew of the celebrated Surgeon, Lizars. He studied in Edinburgh, and having taken his degree he joined the French army and served in the Crimea, where he was present at several battles. Ultimately he joined the English staff; when the war was over, he came out to Canada. He was at one time connected with the faculty of the Toronto School of Medicine

*** *The charge for notice of Births. Marriages and Deaths is fifty cents, which should be forwarded in postage stamps with the communication.*

THE CANADA LANCET.

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CASE OF EMPYEMA—FLUID DISCHARGED BY EXPECTORATION—RECOVERY.

BY BERNARD MCIVER, M. D., EDIN. &C., PEMBROKE, ONT.

On the first of December last I was requested to see a young man said to be dangerously ill. He had been under the care of one of our physicians here for a considerable time previous, who did everything in his power to prevent that which must have appeared to him a premature death; but in spite of his best and most assiduous endeavours, his patient was hourly growing worse till "coma" set in, as I was told, and at this stage with no hope of recovery, further attendance ceased. Some days afterwards I saw the poor fellow. He was lying stretched at full length as if dead; skin covered with a cold and clammy perspiration; no perceptible pulse; breathing scarcely audible; general anasarca; no appearance of vitality remaining beyond the opening and closing of the eyes slowly now and then. This extraordinary condition of the patient I soon discovered to be owing to a large collection of purulent matter within the cavity of the pleura filling it to distention, especially the left side, which pressed against the heart producing obstruction to the circulation of blood and the consequent results already mentioned. I felt that if this accumulated fluid could be got rid of by tapping the chest, or by expectoration the patient might possibly survive; but from inability to swallow it was impossible to use those means generally employed to excite and promote expectoration. In this life and death struggle the thought occurred to me to try inhalation. I applied to the mouth and nostrils spts. ammoniæ partially diluted. In a few seconds violent and convulsive coughing ensued and almost instantaneously about a quart of mucilaginous, ropy, purulent matter was coughed up, of a most offensive character. Immediately afterwards the patient appeared to revive. During the 24 succeeding hours the coughing was frequent and the discharge considerable each time; there was very little pain, the purulent matter diminished but was more fluid. He now became conscious; the pulse increased in strength slowly, and a sensation of warmth came over the whole body. He was now able to drink and take a little nourishment. From this time he improved daily, but expectoration continued for a month from its commencement. In the meantime his condition improved, his strength increased, pulse became full and regular and within a month he was able to attend to his former calling. The great difficulty to overcome in this case was the general anasarca—no part of the body being exempted. This fortunately, however, soon gave way to flesh brushing, and tonics freely administered and the young man is now in very good health.

SEVERE RAILWAY ACCIDENT, LOSS OF BOTH ARMS AND DISLOCATION OF THE HIP.

BY R. G. BAXTER, M. D., MONCTON, N. B.

I was called on the evening of the 18th inst., to visit Alex. McA., section man, aged 35, who had received a severe railway injury.

The accident occurred near the station, the man being engaged at the time, in a stooped position, driving a spike on the inside of the rail. The Halifax Express train was approaching rapidly on another track; his attention being so occupied with the coming train and the driving of the spike he did not hear the shunting engine which was approaching him, tender first, from the rear. The tender struck him about the middle of the left thigh, throwing him down with his arms extending over the rail, and the truck passed over his right arm a short distance below the shoulder, and the left was smashed from the hand to the elbow, fracturing the humerus in several places above that joint; the skin was taken off the right side of the face and temple, it is supposed by the wheel pressing it aside and scraping past. The engine having no train attached, was immediately stopped, and the man withdrawn and carried to his home on a sleigh, about 300 yards distant, where I saw him almost immediately. He was conscious, and

only bleeding slightly. Complained of some pain in his mangled arm, and slightly of his left leg, referring all the pain to the bruised spot about the middle of the thigh. He was already suffering considerably from collapse, and would with difficulty swallow a little brandy and water. The first sound of the heart was scarcely audible, and beating 135 per minute.

Amputation being necessary, I sent for Dr. Ross who kindly assisted me in the operation, which, notwithstanding the weak condition of the patient, we decided to do immediately.

The patient was etherized, and both arms removed a short distance below the shoulder, by the usual flap operation.

We were careful not to allow any bleeding, and the operation was done and the flaps brought together by silver sutures, in about twenty minutes from the time the first incision was made. Ether was removed some moments before the operation was complete, and after vomiting once, he began to take a little brandy and water, and after a short time thin gruel and milk, which was very carefully given by Mr. F. Oulten, medical student, till four o'clock next morning, when the patient began to rally. The stumps were then bandaged and dressed with lint saturated with a mixture of carbolic acid and oil

But the most peculiar and interesting feature of the case, was the dislocation of the hip into the sciatic notch, and which was done, without doubt, by the first blow of the engine as it came in contact with the thigh while in the position above discribed. This injury was not examined carefully until two days after the accident, during which time there was no complaint made of pain in the limb, except slight soreness on pressure where he was struck on the thigh. He could move the limb without assistance and with apparent ease in all directions except outwards; in this direction he could not get it farther than on a line with the upper part of the body. Flexion, complete extension and adduction were perfect; there was little or no visible deformity at the hip. While the examination of the parts was going on, the patient persistently declared that there was nothing wrong with the hip, and would perform the above movements as his proof. The limb, however, when left to assume the easiest posture, would be found semi-flexed and slightly adducted; this together with the fact that abduction could not be carried farther than on a line with the body, although all the pain produced by such an attempt was referred to the bruised spot on the thigh, I was induced to have resort to measurements. On the injured side, from the ant. sup. spine of the ilium to the inner condyle measured 18½ inches; on the uninjured side 19½. It was also demonstrated by measurement that the great trochanter on the injured side was one inch farther from the ant. sup. spine of the ilium than its fellow of the opposite side.

March 24th.—One week after the injury, the patient having gained considerable strength and doing well in every respect, we decided to reduce the luxation. The shortening is now 1½ inches. The patient being again etherized we proceeded to reduce the dislocation by manipulation.

Dr. Ross taking his post at the hip gave material assistance by following the course of the head of the bone, and reporting its precise location at different stages of the operation, and assisting to guide it towards the acetabulum.

The reduction was accomplished without the least difficulty, the head going into its place with a snap, and the normal measurements restored.

The following features in the above case I thought were sufficiently interesting and instructive to be worth noting:—

1st. The perfect and rapid manner in which the patient has rallied from so severe an injury and operation, which, I think, is principally owing to the care taken to prevent any loss of blood, and the thorough and careful manner in which stimulants and food were given after the operation.

2nd. The unusual amount of mobility in the dislocated member.

3rd. The total absence of pain as a result of the displacement.

CASE OF TRAUMATIC TETANUS—DEATH.

BY E. KIDD M. D. MANOTICK, ONT.

W. J. K æt. 27. married, farmer, received a lacerated wound on the sole of foot Nov. 4, 1874. All the structures entering into the formation of the sole of the foot were removed leaving the metatarsal bones exposed, and the little toe so comminuted that I was obliged to amputate it. Applied water

dressing, and ordered Pulv. opii. gr.i, as often as the severity of the pain demanded. Saw patient daily, and on the 2nd day after the injury, substituted carbolic oil for the water dressing. Patient progressed favourably until night of 9th, when he had profuse sweats, and dreamed that "rats were gnawing his foot." 10th. 10 a. m. pulse 74, weak. Temperature 98° F. Foot gives no trouble and is looking healthy.

11th. 10 a. m. Condition unchanged since yesterday. Foot looks healthy; granulating nicely.

2 p. m. Feels slight stiffness in jaws, pulse 72. Temp. 100° F. Urine highly acid. Face expressive of fear. Ordered pot. bromide in full doses as I had no chloral hydrate. Ice to spine. Eggs and brandy.

5 p. m. Jaws fixed, profuse sweats, pains extending into the thorax, and spasms of the voluntary muscles coming on every five minutes. Patient has slept a few hours.

12 p. m. Jaws as they were.

Opisthotonos; spasms every minute. Attempts to swallow bring on intense suffering. Cut down upon, and divided the the post. tibial nerve. Spasms returned as before.

I wished to amputate the limb when I saw that division of the nerve had no effect on the spasms, but the friends of the patient objected.

Pulse 72. Temp. 104. Gave brandy and tinct. opii per rectum; chloroform inhalations checked the spasms but they returned violently after the influence passed off. Profuse sweats during the day and night. Spasms became more and more frequent and death took place at 4 a. m.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

EXAMINATION QUESTIONS, 1875.

(Reported by N. A. Powell, M. D., Cobourg.)

MATERIA MEDICA AND SANITARY SCIENCE.—DR. BERRYMAN.

1. Give the physiological action of astringents; state their therapeutical action in disease by illustration, giving some agents and their doses?

2. Are there any agents, and what are they, by which we can influence chemically the temperature of the body? Explain this, and write a prescription as a refrigerant?

3. What is the physiological action of phosphorus, and in what diseased conditions and doses is it used?

4. What causes may induce spontaneous ptyalism and how would it be diagnosed from the specific effects of mercury?

5. What is the physiological action of opium? Give the dose for therapeutical application with its indications and contra-indications in disease?

6. What is the composition of Tartar Emetic, and what doses would you give in the first stage of pneumonia, or to a child one year old at intervals of two hours?

7. Write a prescription for a terebinthinate mixture in a supposed case of Chronic Bronchitis.

8. How, whence and from what source have we croton oil? Give its physiological action?

9. How do you explain the action of quinine in intermittent fever?

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1. What are the major duties of heads of municipalities in regard to sanitary precautions? Explain them?

2. What are some of the most prominent influences of climate in disease, and explain in connection therewith the system of quarantine?

3. What is the quantity of air inhaled by a healthy adult per minute and what may modify it in the various conditions of life?

4. What are the various sources of contamination of the atmosphere both within and without our dwellings, and what are the diseases usually contracted from such contamination?

5. In connection with the ventilation of public buildings explain the action of the ventilating fan?

6. What are the various modes of filtering water both for general city purposes, and for private dwellings?

7. What are the best deodorizers for deposited fæcal matter and explain their action?

MEDICAL DIAGNOSIS AND MEDICAL JURISPRUDENCE —DR. W. CLARK.

1. Give the diagnostic symptoms of scirrhus of the stomach, and state how it is to be distinguished from chronic gastritis, gastric ulcer and other cognate affections of the stomach?

2. Give the appearances of, and the modes of detecting blood in the urine, also how we are to determine whether it comes from the kidney, bladder, urethra or vagina? Name some of the causes that may give rise to hæmaturia?

3. Give the symptoms by which we can discriminate between acute mania, delirium tremens and acute meningitis?

4. Give the diagnostic symptoms of epilepsy and state how it is to be distinguished from apoplexy, chorea, hysteria and sunstroke?

1. Give the definition of mania, monomania, dementia and idiocy, with the distinctive symptoms and characters of each?

2. Give the symptoms and post mortem appearances of chronic poisoning by tartar emetic? Give the test for its detection?

3. At what period after an early abortion will we be able to detect any signs of a recent delivery both in the living and dead subject? also the symptoms and signs of a more remote delivery?

4. In poisoning by strychnia state what would be considered a fatal dose? How soon after its administration does death usually take place? State the appearances of the body after death, and give the test for the detection of the poison?

CHEMISTRY THEORETICAL AND PRACTICAL—DR. D. CLARK.

1. Describe the graduations of the different thermometers, and state how the degrees of one may be changed into those of another?

2. What significations are attached to the terminations *ides*, *ites* and *ates*? Illustrate by any of the alkali compounds?

3. Explain what is meant by angles of incidence and refraction of light, and show by a diagram how the ratio of the sines of these angles is constant?

4. Write in full the symbols and formulæ of the following, namely: Lunar Caustic, Aqua Regia, White Vitriol, Common Alum, Cream of Tartar, Tartar Emetic, Oxalic Acid, Strychnia, and Urea?

5. What are the acids produced from wine, wood, milk and potato alcohols respectively? Give their acidulous radicals?

6. How is chloroform produced from alcohol? Illustrate the steps of the process by equations or diagrams?

7. Enumerate the different constituents of healthy urine and state the characteristic morbid changes which take place in Diabetes and Bright's Disease? Show wherein the abnormal substances differ from one another in chemical composition?

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1. Describe what is meant by the group tests? Mention those usually employed in the analysis of bases, and state a general method by which the metal of a single salt in a solution can be detected?

2. Sketch a reliable process for the separation of alkaloids from organic mixtures?

3. What methods should be adopted, and what reactions would be expected in testing for Arsenite of Potash, Mercuric Chloride, Cyanide of Potassium and Opium?

4. What are the adulterations commonly found in Sulphate of Quinine, Iodide of Potassium, and Chloroform? How may each be detected?

5. Give the synopsis of a plan for the chemical examination of, and tests for, human blood?

MEDICINE AND MEDICAL PATHOLOGY—DR. DEWAR.

1. Intussusception; What portion of the alimentary canal is most liable to be affected? Give prognosis, symptoms, treatment and complications likely to be met with in, or confounded with, this disease?

2. State the difference of temperature between cases of phthisis and pneumonia, and also state a never failing test in the existence of the latter disease, with the method of recognising it?

3. Describe Lepra Psoriasis and give the various methods of treatment in the different forms?

4. Enumerate the cerebral disorders in which the osseous system is liable to be affected, and give the etiology of at least two?

5. Give the pathology of Leucocythæmia?

6. Name the various diseases of the kidney in which albumen is present in the urine? Give the specific gravity? Describe the appearance of the kidney in each case, and give your prognosis in all?

7. Give the various forms of dilatation of the heart? What are the physical symptoms and what would you expect to learn from auscultation and percussion?

8. Typhoid fever; its pathology, symptoms and treatment?

ANATOMY, DESCRIPTIVE AND SURGICAL—DR. ROBERTSON.

1. Describe the internal surface of the ilium?

2. Describe the orbits, giving the name and part of each bone forming their walls and their positions in the walls? Give the name and situation of all the openings communicating with each orbit and state what passes through each opening?

3. In what joints are there interarticular fibro-cartilages? Describe them individually?

4. How are the intermuscular spaces at the axillary border of the scapula bounded? State what passes through each space?

5. Give the relations and describe the branches of the second portion of the axillary artery?

6. Give the nervous supply of all the muscles of the lower limb between the knee and ankle?

7. Describe the cæcum and give its relations?

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1. Where can the œsophagus be opened? Describe the operation?

2. In fracture of the clavicle, at the middle, what is the nature of the displacement and what produces it? What is the nature of the displacement when at the acromial end, and what, when near the sternal end?

3. In cleft palate what causes retraction of the the edges of the fissure, and how may this retraction be overcome?

4. If you decide to ligate for aneurism of the axillary artery, what point would you select? Give your reasons, describe the operation and state what circumstances may complicate it?

SURGERY AND SURGICAL PATHOLOGY—DR. AIKINS.

1. Amputation through the upper third of the leg ought to be made at once; erysipelas is very prevalent in the neighborhood. State in detail your treatment of the case?

2. After the extraction of a tooth, the lancing of an abscess or a gum, or after any accidental wound a continuous oozing of blood may ensue. What is the condition of system causing it, and what is the treatment for each of the above?

3. A contusion over the tibia is soon followed by severe continuous and deeply seated pain, swelling and redness with well marked febrile symptoms. State your dignosis, prognosis and treatment?

4. Treat an oblique fracture of the shaft of the humerus, with shortening, in a patient who lies in bed at night and walks about by day.

5. Diagnose and treat Hydrocele in a colored man.

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1. What is the condition of the vessels, nerves and other tissues in an inflamed part? State what may be observed in the conduct of the blood corpuscles in the minute vessels of the part.

2. State the modes by which wounds heal?

3. In what ways may cancer growths extend?

MIDWIFERY—DR. LAVELL.

1. What circumstances contraindicate the use of Ergot?

2. What are the dangers, and give the treatment of uterine inertia in the second stage of labor?

3. What is podalic version? When is it indicated, and state minutely how it should be performed?

4. Give the symptoms and treatment of accidental hæmorrhage?

PHYSIOLOGY—DR. EDWARDS.

1. Describe the structure of the lungs from the trachea downwards, and state the changes which the air and blood respectively undergo during respiration.

2. What are the rythmical contractions and dilatations of the heart called? Name and give the position of the valves. Describe and give the causes of the sounds of the heart.

3. Mention the constituents of Saliva, Gastric Juice and Bile.

4. State the normal temperature of an adult and of a new born child. How is animal heat produced and maintained?

5. Describe the mucous membrane of the tongue and explain the effect of division, in separate instances, of the Glosso-Pharyngeal, Gustatory and Hypo-Glossal nerves.

6. Classify nerves according to their function. Describe the structure of nerve fibres. State the difference between those of the Sympathetic and of the Cerebro-spinal systems, and mention the principle modes of peripheral termination.

7. The crystalline lens; describe position and connection, and explain how vision is adjusted to varying distances.

TOXICOLOGY AND BOTANY—DR. MUIR.

1. Mention the principle narcotic poisons. Give symptoms and treatment.

2. How would you determine whether a case was spontaneous apoplexy or alcoholic poisoning? Give treatment in the latter instance.

3. What are the symptoms of Arsenical poisoning, and what would you do to relieve the patient?

4. In a case of over-dose of strychnia what features would be present and how would you treat them?

5. What condition would lead you to infer that a patient was suffering from chronic lead poisoning? Give treatment.

6. Specify the tests you would employ in a case of suspected poisoning from oxalic acid, and on verification state the course you would pursue.

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1. State the distinguishing features of a natural and an artifical system.

2. What does the anther contain which is essential to the perpetuation of the plant?

3. State the difference between Phenogamia and Cryptogamia.

4. Specify the order in which each of the following plants is found, viz:—Podophyllum Peltatum, Aconitum Napellus, Arnica Montana, Cimcifuga Racemosa, Erigeron Canadensis, and Veratrum Viride.

5. What is the difference between Epiphytes and Parasites.

Correspondence.

CASE OF PARAPHYMOSIS.

To the Editor of the CANADA LANCET.

SIR,—As the following rather severe case of paraphymosis terminated so satisfactorily and successfully without an operation I send it for insertion in the LANCET.

The case occurred in a child about 4 years of age. His father had discovered it the day previous to my visit, and as it was getting worse he called me to see him. The prepuce presented the appearance of two inflamed sacs, one on each side of the glans penis posterior to the corona; the frenum was enlarged to the size of a cherry. The upper portion of the prepuce was like a thin

epithelium over an inflamed surface stretching behind the glans, connecting the two lateral swollen portions. The penis was much enlarged, elongated and contorted, having a sigmoid flexure, the convexity being upwards, with the glans tilted up. I wished to avoid the use of the knife if possible. I endeavoured to reduce it by pressure of the glans between the thumb and finger but failed. I then placed the boy on a bed and directed his father to pour from a basin a continuous stream of cold water about the thickness of a goose quill upon the prepuce and glans, at the same time compressing the glans with the thumb and index finger; meanwhile the swelling began gradually to diminish and the inflamed appearance to subside. After about twenty minutes patient manipulation and pouring of the water I was able to remove the glans penis within the prepuce. The penis now presented its normal appearance, and the case required no after treatment.

H. MILLS.

Old Montrose, April 9, 1875.

PUBLIC PROSECUTORS.

To the Editor of the CANADA LANCET.

SIR,—As one who is anxious to see our noble profession receive that respect to which it is entitled and have its standing elevated, I beg leave as one of its humble representatives from the east of the Province of Ontario, to endorse the suggestions of your previous correspondents, upon the appointment by the Medical Council of Public Prosecutors, who would assist us in enforcing the law and in bringing to justice unqualified practitioners and would-be doctors, and thus wipe out quackery and imposition.

Without this being done our Medical law I fear will be a dead letter, as individual physicians do not seem disposed to undertake the responsibility, and the reasons, I am sure are well known to the profession in general.

It is bad enough to be annoyed and deprived of a good part of our honest rights without having every Tom, Dick or Harry who is bold enough to assume the title to be styled doctor, because he may have been a "seventh son," or born as the saying is "feet first," let alone the half-educated and plucked of the colleges. We may well say with Bacon, "where ignorance is bliss 'tis folly to be wise."

I will only add that if the other counties of Ontario are blessed (cursed) with as many empirics as we are, that it will well repay a prosecutor for each Territorial Division for a considerable time to come, as I believe he would be duly entitled to all fines imposed. That the Council will, at its next session, give the matter its earnest consideration, is, I am sure, the wish of the mass of the profession and also of your humble servant.

JUSTITIA.

April 14th, 1875.

TRAINED NURSES.

To the Editor of the CANADA LANCET.

SIR,—I was much pleased with the remarks in the "*Liberal*" a few weeks ago on the necessity of having good nurses in cases of sickness. After alluding to the different institutions already established in England, Germany, the United States and elsewhere, for the especial purpose of training nurses, the editor asks, "Why should we not have one or more institutions of this kind in Canada?" I wish to call attention to the fact that there is already an excellent establishment of the kind in St. Catharines, Ontario — "The Gasparin Training School and Nurses Home," under the superintendence of Miss Money, in connection with the general hospital there. About two months ago the scarlet fever made its appearance in "The Canadian Literary Institute" here. The authorities evinced great anxiety that there should be provided, good and efficient nurses to take care of the sick. I telegraphed to Dr. Mack, and two nurses were immediately sent from the Home, one for the male and one for the female department of the Institute. They proved to be throughout the endemic of the greatest comfort to us in this trying time. On leaving after their services were no longer required, I am sure they carried with them the entire approbation of all with whom they were engaged. I can testify that they were eminently efficient, and invariably kind and zealous in the discharge of their duties. In no case are the energies of nurses more severely taxed than in attendance on scarlet fever patients.

Yours truly,

JOHN TURQUAND

Medical Attendant.

Woodstock March 31st. 1875.

CANADIAN MEDICAL MUTUAL BENEFIT ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR,—As a member of the Canadian Medical Mutual Benefit Association, and feeling an interest in its welfare, I wish to draw the attention of the members of the profession who are still without its pale to the fact, that it is a real live institution, and that its members are sparing no pains to insure its success.

It is destined to supply a much felt need, and ought to be the means of drawing the profession together in one strong bond of unity; and we should feel a common interest in supporting and building up an institution which in its way is likely to be productive of so much benefit.

As one applicant expresses himself "he does not think it has come into existence one moment too soon, as especially in the outlying sections of the country the medical men cannot hope to provide a competency for those depending upon them, in case they were suddenly taken away, and the organization presents an opportunity which should render the profession in general grateful to its originators."

Nor need we go to the newly settled districts to find members of the profession who need the benefits the Association affords, as is evidenced by the fact that an appeal is about to be made to all the registered practitioners of Ontario, to raise a fund to relieve the straitened circumstances of the family of the late Dr. Lizars of Toronto.

On the ground that the late Dr. was a registered practitioner, this action cannot be called in question, and ought to receive our hearty encouragement, and liberal support. But on the other hand it should not be forgotten that this is establishing a precedent which for the same reason should have been established long ago, and must therefore follow every such lamentable occurrence in the future, as the death of a regularly qualified practitioner.

But we would scarcely like to place ourselves in such a relation to each other, or in such a position with the world, as a course of this kind would necessarily and inevitably involve.

We could however, by building up and keeping well managed and supported such an Association, have an amount which would be very acceptable to the representatives of a deceased member, and which we could claim as a right and just due, and not have to feel towards our brethren that it was doled out to us as a charitable pittance, and to the outside world that such is the result of the efforts of a lifetime spent in unremitted and unrequited toil.

The Association furnished every qualified practitioner with a blank form of application, and while we are pleased with the readiness with which a good number promptly filled up and returned them, still there are many others from whom we have yet to hear, and probably in most cases from indifference. To such we would urge that you give the matter your earnest attention and forward your applications.

Yours truly,

A MEMBER.

Toronto, March 25th, 1875.

ADDRESS

To the Medical Electors of King's and Queen's Division:

GENTLEMEN—In compliance with the wishes of many of my professional brethren, I have been induced to offer myself as a candidate for the honor of representing you in the Medical Council of Ontario.

Should I be successful at the election to be held in June next, I shall, to the best of my ability, endeavour to promote the interests of the profession by carrying out the provisions of the Medical Act, in so far as is compatible with your desires and the general interests of those whom I represent.

If elected, I shall do all in my power to have the recent Act amended, so that medical witnesses, in criminal cases, will receive reasonable remuneration in any court of law in which they are cited to appear; it being obviously unjust to compel them to attend and give evidence, and at the same time refuse them a reasonable fee for their services.

The law relating to malpractice might, with advantage, be amended, by limiting the time for the bringing of actions; and that in all cases, where issue is joined, a certain number of jurors should be selected from among the registered medical practitioners of the division where the case is to be tried, which number should form part of the jury; as by that means justice would be more effectually secured and the law better administered. There are other improvements that might be

enumerated, but which could be considered in framing a draft of the bill.

Having had long experience as a practitioner in the Province, and knowing something of the privations and difficulties that medical men have to contend with, both bodily and mentally, I flatter myself that I can be of service to you in carrying out your wishes, should you honour me with your vote. I shall be happy at all times to confer with you on any subject relating to the duties of the Council or the general welfare of the profession.

I have no private interest to serve; the honour and dignity of our common calling alone shall be my guide in the discharge of the duties devolving upon me as your representative.

I have the honour to be, gentlemen,

Your obedient servant,

WILLIAM ALLISON.

Bowmanville, April 10, 1875.

Selected Articles.

EXTERNAL USE OF TINCTURE OF IRON IN ERYSIPELAS.

BY CLARENCE FOSTER, M.R.C.S.

I wish to direct the attention of my medical brethren to the immense utility of the tincture of iron, locally applied, in arresting erysipelas and many other external diseases when unattended by breach of surface. In simple cutaneous erysipelas, and also in the milder phlegmonous variety, it possesses the decidedly specific effect of subduing, almost at once the morbid action. I have applied it in numerous instances, and always with the most satisfactory results. So far as my experience goes, it is in these cases incomparably the best external remedy ever used. It seldom happens that more than one painting of the same spot is required; and, having applied it, no other external agent whatever is needed. In scrofulous swellings of the neck its discutient properties are far superior to those of iodine; and where a puerperal breast or inguinal gland in the male has threatened to end in suppuration, the early use of the tincture, every other day or so, with a camel's hair brush has been sufficient to effect resolution, while in similar cases we find frequently that leeches, poultices, and evaporating lotions fail to prevent the formation of matter. Again, this remedy may be applied most advantageously in cases of acute rheumatism, where any particular joint is especially swollen and painful, and also on the inflamed surface surrounding an unhealthy ulcer, or along the course of the absorbents when irritated by a recent, ill-conditioned wound. The well known remedy, ink, as a domestic application in ringworm has long enjoyed a not altogether undeserved popularity, its curative effect being undoubtedly due to its ferruginous ingredient. Although the external use of the tincture of iron—first introduced by my father, I believe, some five-and-twenty years ago,—is now pretty common in the West Riding, yet its great therapeutic advantages, I have reason to think, are far from being sufficiently appreciated by the profession generally, and I am fully convinced that any surgeon giving the preparation a trial will be amply satisfied with the result.—*Dr. Foster Medical Times and Gazette.*

THE ADVANTAGES AND DISADVANTAGES OF ESMARCH'S BLOODLESS METHOD.

A paper on this new method was recently read before the County Medical Society, by Dr. Henry B. Sands. The object of the paper was to give a summary of the operations in which it was employed, in the city of New York and its vicinity, during the first year of its trial here, and in connection with the results obtained to devise an estimate of the value of the method. The record of instances in which it was employed comprised a list of 143 cases, tabulated so as to indicate the natuse of operation, and, in the fatal cases, the cause of death. Upon the whole, the experience appears to have been very favourable to the new method. In the only instances where evil results seemed to have been due to the application of the elastic bandage, they were more fairly attributable to the mode of its application than to the method itself. It was stated that certain advantages of the method were unquestionable. As to its bloodless character, Dr. Sands regards it as almost perfect, and says that there is only a loss of a few drops of blood during the operation, and the loss of blood from oozing, which occurs after the constricting band has been removed, is far less than the gain by this new method over the older method. After the completion of the operation, the patient has often a relatively greater supply of blood in his body than before the operation was commenced. An interesting point alluded to in this connection is the apparent impuuity with which the vascular system suffers this sudden increase or tension. It is, however, suggested that, in case of thoracic or abdominal disease the sudden distension of the vessels with blood may possibly be attended with danger.

Besides the immediate advantage to the patient of the bloodless operation, the method becomes of vast service to the surgeon under circumstances where deep dissections are necessary, as for the removal of tumours or foreign bodies, or in search-

ing for a deeply-seated wounded vessel. Under these circumstances a clear and unobstructed view of the tissues that come under the knife is very desirable. While the parts are stained and obscured by blood, important structures may easily be wounded or injured, which, with the aid of Esmarch's apparatus, may be safely avoided. This however, does not wholly apply to the blood-vessels, their emptiness rendering them some-what difficult to be recognized. As a precaution, therefore, it is advised that the operator "make good use of his anatomical knowledge, and study the appearance of the tissues before he divides them."

There is another use to which Esmarch's apparatus might be put, as observed by the writer, viz; in those cases where compound fractures are attended with free hemorrhage; and it is suggested that were ambulance surgeons and those in charge of the police stations supplied with the apparatus, it would frequently be the means of saving life.

The possible disadvantages of the bloodless method are considered under the heads of sloughing, secondary hemorrage and paralysis. These mishaps all occurred in the cases collected, and in several instances were clearly due to the employment of Esmarch's method. Still in each of these instances there was reason to suppose that the method had not been properly applied. With regard to the applicability of the bandage, it was observed that it is desirable to abstain from its employment in certain cases, and above all to learn the minimum degree of pressure that will accomplish the desired result. The bandage should be soft and highly elastic, and the constriction of the limb should be made either by a piece of the same material, or, where this would be too wide, by a soft rubber tubing. The solid cord, should, he thinks, be abandoned, as likely to do mischief. The constriction should also not be applied for a longer time than absolutely necessary, the danger probably increasing with the length of time the pressure is continued.—*N. Y. Medical Times*

PROF. TYNDALL ON TYPHOID FEVER.

There is, we apprehend, some confusion in the public mind as to the meaning and objects of Professor Tyndall's recent publication on typhoid fever. No doubt has, for many years, existed as to the communicability of typhoid fever by excremental pollution. The vehicle of contagion, and the means of sanitary prevention have long since been established by Jenner, Murchison, Budd, Farr, and Simon, not to speak of the other workers, whose name is legion.

Dr. Tyndall, however, who, as President of the British Association, must be acknowledged as a leader in natural science, yet professedly as an outsider, and with no knowledge of medical science, undertakes to settle on behalf of the public, once and for ever, the important question whether typhoid fever can ever have a spontaneous origin from fæcal fermentation, or whether the disease must, of necessity, always spring from a specific germ derived from a pre-existing case of fever. It is not a little remarkable that a philosopher who maintains that even the human race has, by a process of evolution, in the course of countless ages, sprung from something lower in the scale of organisation even than organisms, which he compares to "drops of oil suspended in a mixture of alcohol and water," and who seems to agree with Lucretius in affirming that "nature is seen to do all things spontaneously of herself, without the meddling of the gods," should yet maintain that the poison of typhoid fever can never arise except from a previous case of typhoid fever, and must therefore have existed from all eternity, before even man himself existed. Dr. Tyndall submits that the question at issue involves no knowledge of medical practice, but simply a capacity to weigh evidence. It seems scarcely credible, however, that Professor Tyndall can have carefully weighed the evidence on both sides, when he comes forward and asserts positively in the public press, that typhoid fever is a most contagious disease, like small-pox, and can arise in no other way than by contagion. It may be hereafter shown that such is the case; but the statement is far from having been proved, and there are certainly strong facts on the other side, which demand that judgment in the matter shall be deferred, and which have an important bearing upon medical practice. If the excretions of typhoid fever be so eminently contagious as Dr. Tyndall asserts, it is difficult to account for the remarkable exemption from the disease of the attendants on the sick referred to by all medical writers.

Secondly, there is the experience of the London Fever Hospital, referred to by Dr. Murchison in the second edition of his work on the *Continued Fevers of Great Britain.* "During nine years, 3,355 cases of enteric fever were treated in the same wards with 5,144 patients not suffering from any specific fever. Not one of the latter contracted enteric fever, although it was not an uncommon practice for them to sit over the evacuations of enteric patients, and the use of disinfectants was quite exceptional." Private practice, again, yields like results. Dr. Murchison states that, at the date of the publication of his work, it had been his lot to be consulted in upwards of fifty instances in which persons had contracted typhoid fever away from home and had been brought home ill with it. In only two of the instances did fresh cases of fever appear in the house into which it had been imported, and in neither was there crucial proof that the disease was communicated by the important case. His experience on this point has been con-

firmed by that of other observers; and we believe that most physicians having a large consulting practice in fever, when asked as to the propriety of sending away the inmates of an infected house who are not themselves suffering from the fever are chiefly influenced in their reply, by the circumstance of the disease having been imported or indigenous, separation being considered advisable in the latter case, but not in the former. Two years ago, typhoid fever appeared in a nunnery in the suburbs of London. Sixteen of the patients were removed during their illness to their own homes, but in not one of the sixteen houses did the fever spread.

Lastly, if a drain gives typhoid fever merely as Professor Tyndall contends, because it is "a direct continuation of a diseased intestine," it is remarkable that some of the most notable outbreaks of typhoid fever in connection with bad drainage have arisen from the drain being blocked up, and from the communication with diseased intestines being in this way cut off. Many other arguments might be adduced; but enough has been said, we think, to show that Professor Tyndall has only studied one side of the question, or, at all events, has presented to the public, assertions which are calculated to create unnecessary alarm as to the contagious character of typhoid fever.

And this leads us to a most important practical question; viz., the mode of the prevention of typhoid fever. It is to be observed that, when typhoid fever is stamped out by flooding of drains and the employment of disinfectants, there is no proof that the disease is due to germs derived from a diseased intestine. The success of the measures referred to is as much in favour of the so-called pythogenic theory as of that which is opposed to it. In prophylaxis, in fact, we go farther than even Dr. Budd and Professor Tyndall. We would not be satisfied with destroying the excreta of the sick, but we would insist on the necessity of preventing the pollution of our drinking-water or of the atmosphre of our dwellings with sewage of all sorts.

Lastly, we are not a little surprised that a man of Dr. Tyndall's scientific position, an adept in weighing evidence, should exhibit such a want of philosphic caution as to crown his argument by the astounding announcement that "Dr. Klein has recently discovered the very organism which lies at the root of all the mischief, and to the destruction of which medical and sanitary skill will henceforth be directed." Dr. Klein's researches are still in embryo, and he himself would be the last to make any such statement.—*Brit. Med. Journal.*

BROMIDE OF AMMONIUM IN CATAMENIAL EXCESSES.—Dr. J. K. Black of Newark, Ohio, has often tested the efficiency of this preparation in non-structural excesses, and he speaks (*Cincinnati Lancet and Observer*, May, 1874) with confidence of its valuable powers. He says he no more certainly anticipates the arrest of an attack of ague by the administration of quinia than does he anticipate the control of the forms of catamenial excess referred to by the proper administration of the bromide of ammonium. In the admistration of the remedy, an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself precedes the flow by several days. Any associated disorder, which has even a remote bearing upon the menstrual excess, should, of course, receive appropriate attention.—*American Journal of Medical Sciences*, July, 1874.

ON THE NATURE OF PROPYLAMINE AND TRIMETHYLAMINE.

Dr. W. H. Spencer contributes to *The Practitioner* of February an article on the properties of trimethylamine, and his experience of its effects in cases of rheumatism and gout.

"Twenty years ago, Dr. Awenarius, a Russian physician, first used trimethylamine (under the name of *Propylamine*) in the treatment of rheumatism. He records two hundred and fifty successful cases, and looked upon the remedy as little less than specific. Since then much has been done on the continent to work out the action of trimethylamine on the physiological and clinical sides. The memoirs of Dujardin, Beaumetz, Peltier, Bonedit and Hambody especially merit notice as giving, with much detail, all that Continental workers have yet made out about the properties of the remedy, and its therapeutical effects. Whatever may have been done in this country to test and verify what the Continental workers have set forth, and to carry on their work, nothing has been published. During the past eighteen months I have treated most all the cases of rheumatism and some cases of gout that have come in my way at the Bristol Infirmary with trimethylamine in one or the other of its forms. I have records of a large number of cases, some analysis of urine and thermometric observations made during the treatments, and more observations made in comparison of this mode of treatment with other modes made in the same patient and in different cases."

"Wertheim, in 1850, prepared from narcotine a body having a formula C_3H_9N; he called it *metacitamine*. Anderson, in 1850, prepared from codeine a body having the same formula; he named it *propylamine*. Hoffman, also in 1850, showed (from his own and Wurtz's researches) that by the substitution of three molecules of methyl for the three hydrogen atoms of ammonia, a body

was formed having the formula C_3H_9N ; this body was, according to Hoffman's nomenclature, trimethylamine. Wertheim soon after extracted from herring-brine a body isomeric with his metacitamine ; thenceforward he adopted for both bodies the name propylamine. And now many chemists draw from many different sources, animal and vegetable (cod-liver oil, human urine, putrid calf's blood, guano, ergotine, chenopodium vulvari and numerous other plants), a body having the formula C_3H_9N. Always this body was called propylamine ; the substitution-body prepared artificially in the laboratory was, as yet, the only trimethalymine. Thus the reconciliation took place, and chemists (following up Wurtz's and Hoffman's researches) found that the body got from natural sources was not propylamine at all, but the same in all chemical respects as the artificial compound ammonia called trimethalymine. *Propylamine* is a primary compound ammonia (monamine). Trimethalymine is a tertiary compound ammonia (tri-amine. Thus :

$$\left.\begin{matrix}\text{Propyl } C_3H_7\\ H\\ H\end{matrix}\right\} N—C_3H_9N \text{ (Propylamine).}$$

$$\left.\begin{matrix}\text{Methyl } CH_3\\ CH_3\\ CH_3\end{matrix}\right\} N—C_3H_9N \text{ (Trimethalymine).}$$

Essentially the difference is in the radical ; *propyl* is one thing, *methyl* is a different thing altogether. It is methyl that exists in the body extracted from narcotine, codeine, herring-brine, and all the natural sources already named ; which exists, that is to say, in our new remedy for rheumatism. I do not know that propylamine has been obtained from natural sources at all. I believe it is as yet only an artificial product got by the treatment of the iodide of propyl with an alcholic solution of ammonia.

" But more than that, the artificial propylamine differs from the named trimethalymine in these respects : it has a different odor, its boiling point is 49° C. instead of 9° C., and in its chemical reaction it gives results quite different to those of trimethalymine. The name propylamine should be discarded without delay for the substance now used medicinally ; this is trimethalymine, or at least contains it. But what we use as a remedy is not purely and only that body which the formula C_3H_9N represents. No chemically pure trimethalymine has as yet been used in medicine, not even in the important physiological experiments of M. Hambody. The substance used in medicine is the product known commercially as propylamine ; this substance is obtained chiefly by distillation of herring-brine with potash or lime, and subsequent more or less repeated rectification. It is a mixture of trimethalymine (C_3H_9N), ammonia and ammoniacal compounds, all in solution in water. The amount of ammonia and organic impurity (chiefly animal oil) in the solution depends upon the greater or less completeness with which the process of rectification is carried out. If the brine is simply distilled with lime, and the products condensed in water, the resulting solution will contain much ammonia and impurity. If, on the other hand, the rectification is carried out fully, as in the process presently to be described, there results a tolerably uniform product containing only traces of ammonia and organic impurity. The composition of the commercial solutions, as might be suspected from this, has been found to vary greatly. Nor is this variation in compostion due, even chiefly, to the mode of preparation. MM. Giradin and Marchaud analyzed specimens of Scotch, Yarmouth, and Channel brines (*Jour. de Pharmacie et de Chimie*, 1860) during several years, and found not only that the composition and quality of the different brines varied greatly, but the same brines varied in different years. M. Petit examined numerous specimens of commercial propylamine, not alone French, and found the amounts of alkaline products in the solutions varied from two to fifty-five centigrammes in the gramme. Since these alkaline products readily expressed several ammoniacal compounds as well as trimethalymine, the quantity of this supposed essential ingredient must have been, in some of the specimens, extremely small. Within the past two years, however the process of manufacture has been much improved. In the solutions now supplied for medicinal use, at least by our best manufacturers, constancy of composition and purity are very fairly attained. The solution I have used was supplied by Messrs Ferris & Co., of Bristol. They inform me that the solution they sell is prepared solely from herring-brine, and by the following process :—the brine is distilled with soda-lime and the products condensed, the alkaline distillate is treated with hydrochloric acid and evaporated ; the residue is treated with absolute alcohol, whereby ammonia chloride is separated ; the alcohol is driven off, what remains is distilled with caustic lime or potash, and the products are condensed in cold water. The solution in water is usually sold as propylamine. But if rectification is pursued much further, the products are condensed in hydrochloric acid. The acid solution is evaporated to dryness, the residue treated with absolute alcohol, and again distilled with brine. This last process is repeated until the product is uniform. The solution supplied to me contains twenty per cent. of this final product. From careful consideration of this process, I conclude that the solution is a twenty per cent. solution of an alkaline product (expressed as trimethalymine) with traces of ammonia and organic compounds, not ammoniacal. The alkaline product contains trimethalymine and undetermined ammon-

iacal or other compounds. What may be the absolute proportions of trimethalymine (C_3H_9N) and other compounds in this alkaline product appear to be quite unknown. Constancy, as to the alkaline product, is certainly attained, but constancy as to the amount of trimethalymine in the product would seem still to depend on the quality of the original brines. With a view to avoid inconsistency and purity in the commercial product, a salt of trimethalymine has been used in medicine instead of propylamine. This salt is called, according to the barbarous and corrupt nomenclature perpetuated by our pharmacopœias, hydrochlorate of trimethalymine It is really a chloride of trimethalymine and is prepared either by halting at a particular stage in the process of rectification of the propylamine solution, or synthetically from tiramethyiammonium iodide. In the former case the base is not simply the body represented by the formula C_3H_9N any more than the trimethalymine of the commercial propylamine is that body. It is, in fact, both in the chloride and commercial solution C_3H_9N with other compounds existing in herring-brine, all separated as chlorides during the process employed. The chloride is, of necessity, only an approximately pure salt; it contains a notable quantity of ammonium chloride, the presence of which is essential to the stability of the salt in the solid form.

"Such being the state of the case as regards the chemistry of the product propylamine and the chloride, of trimethalymine now used in medicine, the question arises, what in these may be the effcient cause of their effects? The effects may be due to the trimethalymine (C_3H_9N), or to the other ammonical compounds contained in the products, or perhaps to both. The effects of the synthetically-made chloride of trimethalymine could not be taken to settle the point, for a salt like a chloride is, in the body, a very different thing to a solution of the base. These two—the commercial product containing trimethalymine (C_3H_9N) with other ammoniacal compounds, and the chloride of trimethalymine—are clearly not interchangeable as remedies until it can be shown that their effects are precisely the same. The similiarity of effects has not yet been shown. Again, the experience of the effects of the alkaline treatment of rheumatism, and I may say also of gout, can hardly go for nothing when seeking in the composition of a substance like propylamine a cause for any effect it may produce. I confess on my own part to a strong suspicion that the ammoniacal compounds will be found to take at any rate the larger share in the effects. It is clear that in estimation and comparing the therapeutic effects of the commercial propylamine, the variability in its composition must be taken into account. Much that has been anomalous in the experience of the remedy may possibly be accounted for if solutions varying greatly in compositions have been used. If is a first condition in therapeutic observations that the compositions of drugs should be referable to known standards. In the particular case, if this condition were fulfilled, a decision upon the absolute and relative values of propylamine, pure trimethalymine and the pure chloride could very soon be arrived at. Nor would it appear to be difficult to fulfil the condition. M. Wurtz* has proposed a way of preparing trimethalymine artificially; the solution obtained by this process can be tirated, like any ordinary solution of ammonia, to a definite and constant standard. Many points might be soon cleared up if the effects produced by such a solution were compared with the effects produced by a product obtained by distillation of herring-brine with lime or potash and not subjected to subsequent rectification.

"But the solution and the salt have generally been prescribed on the Continent in the form of mixture, the vehicle being aqua minthæ piperitæ, and aromatics, being used to disguise the unpleasant taste. The dose employed has varied much; it has ranged from nine to thirty minims for the solution, and has not exceded ten minims for the salt. The chloride has been used in the form of a pill (made up with marsh-marrow, honey, and tolu), and the solution in the form of capusles. I have, except in two instances, invariably prescribed both trimethalymine and the chloride in the form of mixture, and my formula is this:—

℞ Trimethalymine.....M iv. vel M viij.
Syrupi zingiberis.....ʒ j.
Aqua minthæ piperitæ....ƒʒ j.
Mix.

—*Talis fiat modus secundâ quâque horâ sumendus.*

"And, as supporting the probability of variations in composition, I have at different times found that the same results were obtained with a dose of two minims as with a dose of eight minims. Now, I give always four to eight minims, at first every hour or two hours, increasing the interval as the pains diminish and the case progresses. When all pain is gone I cease to give the remedy, and substitute, in most cases, quinine. Rarely have I to re-exhibit the trimethalymine, but I do so if the pains recur."—*New Remedies.*

INTRACTABLE VOMITINGS DURING PREGNANCY—M. Féréol reports, in the *Annales de Gynècologie*, the case of a woman aged 33, who became pregnant in the beginning of September 1871, and was attacked by sickness and diarrhœa from the commencement of her pregnancy. She entered a hospital in December, and went through the treatment commonly employed for this affection—the administration of nux vomica, belladonna, and

cauterisation of the neck of the uterus, etc. She had fallen into the last stage of weakness, when she expelled a fœtus about six months old. The vomitings were stopped for some days, but soon reappeared; and the woman died six days after the operation. At the necropsy, it was discovered that the small curvature of the stomach, from the cardia to the pylorus, was filled with a tumor, spreading over the surfaces of the organ, especially over the posterior surface, and measuring two *centimètres* at its greatest thickness. The presence of this tumor sufficiently explained the want of success of all the medicinal agents employed, as well as the uselessness of the induced abortion. It must be acknowledged that, amongst the numerous plans of treatment extolled as remedies against the obstinate sickness of pregnancy, not one inspires absolute confidence. The two following remedies are put forward as specific against this distressing complication, which, however, are given here with all reserve. Dr. Blackwell reports, in the *Philadelphia Reporter* for October 1873, that two drops of tincture of nux vomica, given hourly, have been successful in a case where all the usual means had been tried without success. Dr. Woillez, in the *Journal de Thérapeutique* for January 1874, recommends that the pharynx of pregnant females should be painted with a solution containing a third part of bromide of potassium, as a remedy for the sickness which depends on reflex action.—*Brit. Med. Journal.*

DRUNKNESS IN LIVERPOOL.

The evil of drunkenness in Liverpool is attested by all sorts of witnesses, either as aggravating a condition of poverty or vitiating what would otherwise be a condition of comfortable competence. We may quote two other witnesses on this point —Dr. Parkes and Dr. Burdon-Sanderson—whose evidence will be received with great respect. They say, "We cannot doubt that intemperance plays a very large part in producing this poverty and its attendent evils." The result of their inquiries is given as follows:—

"We have, then, a population who are living in houses very badly planned and very closely crowded together, and who are placed, partly by their own faults, partly by circumstances, in conditions which necessitate their breathing an atmosphere which is highly fetid from several causes * * * * The unhappy people seem to know none of the comforts and few of the decencies of life, and widespread habits of drunkenness, and consequent want of food, aid their wretched homes in destroying their health."

They question whether 20 per cent. of the labouring classes are living lives of ordinary decency and restraint. The population of Liverpool is more dense than that of London, Glasgow, or Manchester. A writer in *The Times* this week says there is a spot near the Exchange, not exceeding 23,500 square yards, which contains about 5000 persons, being nearly equal to 1000 to an acre. Dr. Trench says no language can depict the horror of the condition of those families living in single rooms. In the epidemic of small-pox drunken persons would sleep in the same bed with the corpse, and rise in the morning and go unwashed to mingle with the general population. But the shocking thing is that, while in the decade 1860-71 there was in the parish a diminution of of 2717 in the number of inhabited houses and of 31,389 inhabitants, there was an excess of deaths over births of 2660. It is in such facts as these that we must find the explanation of the real evils that exist in Liverpool. Insensitiveness and brutality are as sure to come out of these conditions as typhus and diarrhœa and consumption. And if any good is to be done, society must charge itself with much responsibility. A partly controllable factor in the case of drunkenness is the absurd number of public and beer houses. And, by the way, if all accounts be true, there is in Liverpool, in addition to drunkennes, a habit of drinking even in the early parts of the day, and among well-to-do people, who have not the excuse of the poor. We can only indicate the evils to be remedied. A community so situated must be its own physician. But let it not delude itself with slight remedies, or think that flopping or even executing a few coarse criminals that are brought to justice will do more, at best, than alter the manifestations of the crime that exists. When the very first principles of civilization are outraged the consequences must be accepted. Until education comes to alter the tastes of the people, we see nothing for it but an exceptional system of local restriction and legislation, such as more happily conditioned communities do not require.—*The Lancet.*

TREATMENT OF ACUTE RHEUMATISM.

During the past three years, I have been in the habit of packing most of my cases in a wet blanket, and afterwards rolling them up in dry blankets, so as not not only to promote profuse sweating, but also to increase the temperature. This mode of procedure, which I conducted in a very indefinite manner, gave such good results, that I thought carefully over the *rationale* of the system, and at once adopted a course of wet packing after the manner and with the success which I will relate to you. The procedure is simple. The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot

water. The patient is then enveloped in the blanket, and covered with six folds of dry blanketing. By this, the temperature is raised and profuse sweating results: the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by giving freely, warm milk and water. If the temperature exceed 102 deg., then the stimulant is unnecessary. My plan is to continue the treatment for three successive days; namely, for six hours the first day, four the second, two the third. After the first pack, the patient is free, or nearly so, from pain; after the second pack, the pain has completely subsided, and after the third pack the sour smell usually disappears. In addition to the relief from pain and subsidence of acid secretions, the pyrexial state, with its attendant symptoms, wil be found to decrease in direct ratio, and likewise the pulse. The secretion of urine will become more plentiful and the urea will diminish in quantity; yet, although the improvement is so marked in reference to pain, sweat, pulse, and temperature, the urine remains acid and loaded with lithates, and the tongue coated, for some days longer. It not unfrequently happens, especially in young people, when the weather is variable, that transitory pains return in one or more joints; but in almost every instance the pain has been subdued, if not by the first, by the second bath. In reference to cardiac inflammation, I believe that this treatment subdues it more rapidly than any other, rendering the valves less likely to undergo organic change.

But now comes a very important and practical question. There can be no doubt that the packing process produces considerable constitutional disturbance. Under what circumstances should this treatment be adopted, and under what conditions is it not practicable? Every one who has had much to do with this disease, must be conscious of the anxiety which it gives him, when the temperature exceeds 105 deg. or 106 deg., and especially when it is associated with the least sign of cerebral disturbance; and, as my treatment consists in elevating the temperature, it will be apparent that some care is necessary. Thus, according to my experience, it should not be adopted—1. If the patient suffer from incompetency of the aortic valves; 2. If there be much fluid in the pericardium from previous inflammation; 3. If the temperature be over 104 deg.; 4. If the skin be hot, dry, and harsh, without the least tendency to sweating; 5. If there be extreme nervous prostration from habits of drunkenness and other vitiating cause; 6, If the patient be pregnant.

Again: during the time the patient is packed, the following points must be observed:—1. If, after two or three hours, the patient become very restless, with a dry non-perspirable skin, I should advise the treatment to be discontinued; also when the temperature exceeds 105 deg.; 2. If the temperature do not rise, and the patient be sweating freely, give half an ounce, or even an ounce, of brandy every hour in warm milk and water. Thus we have to secure profuse sweating and a mean temperature of 104 deg; we have to guard against a dry skin and a temperature over 105 deg.

Let us consider this a little more practically. If a healthy child be packed for six hours as directed, whose normal temperature is 99 deg., we find that it will only rise one degree during the whole course of the six hours, and the administration of a stimulant will not cause it to rise any more. It is very different during the pyrexial stage of acute rheumatism, and I have proved most unquestionably that, when the packing alone does not increase the temperature, this is easily brought about by giving brandy in the manner just stated. I have adopted this treatment with excellent results in cases where there has been, in addition to the rheumatic inflammation, a mitral murmur, pericarditis, and pleuro-pneumonia. In some cases I give medicine, in others I do not. My rule is this: not to give medicine or solid food until after the third packing, and this means not until the acute symptoms have subsided and the temperature is down to 100 deg.; then some vegetable tonic, with solution of acetate of ammonia, is to be preferred to large doses of alkali or quinine. If, however, the case have been of long duration before coming under treatment, and if it be the third or fourth attack, with probably cardiac disease, then of course the orthodox measures must be resorted to for such complications. If the temperature should run very high, with tendency to delirium, I believe the best plan is in every instance, whether under the packing treatment or otherwise, to apply ice to the head, expose the body freely to a current of cold air, and sponge it over lightly with a mixture of one part of spirit to two of water, until the temperature falls; then to discontinue this, and to apply a sinapism to the epigastrium. The following case occurred in my practice, from which a lesson might, perhaps, be learned. A young robust woman, aged 19, came under my care with incipient acute rheumatism, but with a dry harsh skin and a temperature of 102 deg. I had her packed in the usual manner at 1.30 P.M.; at 4.30 P.M., there was no action of the skin; temperature 104 deg.; at 6.30 P.M., still no action of the skin; temperature 106.2 deg.; rapid action of the heart and tendency to delirium. I at once applied ice to the head, bathed the exposed body with spirit and water, and in twenty minutes I was pleased to find the temperature down to 103 deg.; the following morning it was 101 deg. Again: a woman, aged 28, of drunken and dissolute habits, came under my care with the third attack of acute rheumatism: there was considerable prostration and a temperature of 103.2 deg. I thought that I detected a fine murmur obscuring the second sound at the

base of the heart. I ordered her to be packed in the usual way; but her temperature continued to increase, until it reached 110 deg., and she died. This is the only case which has terminated unfavorably out of a very large number. Whether the high temperature arose from the treatment, I am unable to say, and, as such cases do occur now and again under any treatment, I must decline to give an opinion.—*Dr. Dowse, Brit. Med. Journal.*

UNITED FRACTURE OF THE FOREARM, WITH DEFICIENCY OF THE ULNA, TREATED SUCCESSFULLY BY EXCISION AND THE WIRE SUTURE.

By THOMAS ANNANDALE, F.R.S.E., Surgeon to the Edinburgh Royal Infirmary and Lecturer on Clinical Surgery.

R. K., aged 29, was admitted into my wards on June 24th, 1873, suffering from an ununited fracture of the bones of the forearm. About six months before his admission, his forearm had been severely injured by machinery. Both bones were fractured, and a large lacerated wound was caused by the accident. He was taken to a provincial hospital and carefully treated for several months. About three months after the accident, a large piece of bone (a portion of the ulna) gradually loosened, and was removed. Three weeks after this, the wound was healed, but the bones had not united properly.

When the arm was examined, a large cicatrix was noticed over the middle third of the bones of the forearm; it was adherent to the ulna for a short distance, but was otherwise free. Both bones were movable at the junction of their middle and lower thirds, but the radius less so than the ulna. The ulna was not only quite ununited, but was deficient for about one inch at the seat of fracture, the results, no doubt, of the necrosis which had followed the injury. The fractured ends of the ulna were displaced towards, and adherent to, the radius. Pronation and supination could not be performed, and the arm was also weak, and, in consequence, useless.

On June 27th, I performed the following operation, with the hope of making the arm more useful. An incision, about three inches long, was made over the dorsal aspect of the ulna, so as to expose the fractured portion of this bone. It was then found that the fractured ends were rounded off and atrophied, united to one another and to the radius by some strong fibrous texture. These ends were also displaced inwards, and there was fully an interval of an inch between them owing to the deficiency of the bone.

The condition of the bones is illustrated diagrammatically in Fig. 1, the dotted lines at AA and BB showing the amount of bone removed from the radius and ulna at the operation.

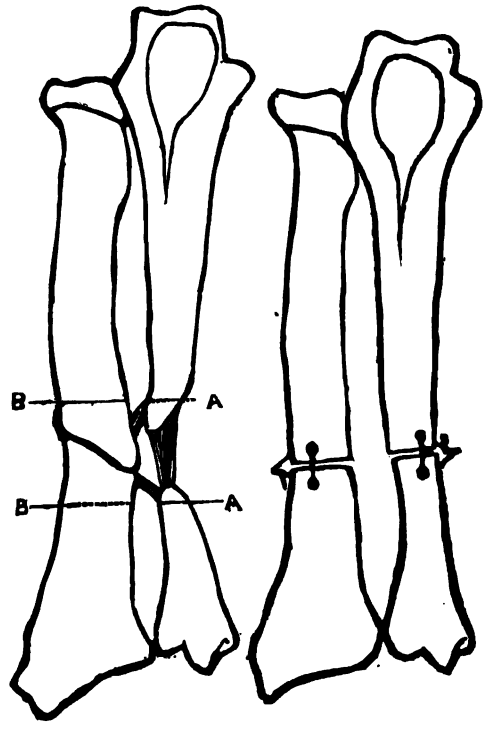

Fig. 1. Fig. 2.

About a quarter of an inch was sawn off the ends of the ulna; and, as it was quite evident that these ends could not be brought together, a second incision was made over the dorsal aspect of the radius, and a portion of this bone, including the partially united part, was also sawn off. By thus shortening the radius to a sufficient extent, the ends of the ulna were allowed to meet, the adhesions connecting them to the former having been divided. The ends of both bones were then drilled and secured with strong silver wire, as shown in Fig. 2. The edges of the wounds being brought together with a few carbolised silk sutures, antiseptic muslin was applied in the usual way, and the arm adjusted on a splint. On the 3rd of July, it is noted that the patient has progressed favourably since the operation, and the wound is healing well. On the 8th of July, the wire through the ends of the ulna being a little loose, was twisted more firmly. The patient's progress continues good.

On the 3rd of August, the wounds were quite superficial, and the wire through the ends of the radius being quite loose, was removed. On the 13th of August, the wire was removed from the

ulna; and on the 29th, the patient left the hospital, the wounds being almost healed.

Six weeks after this, he returned to show himself, when it was found that the bones were firmly united. The forearm, to a limited extent, could be pronated and supinated; but these and the other movements of the arm were steadily improving, and the limb could already be used in many ways, its strength being greatly improved since the operation.

Remarks.—For the successful treatment of this case, it was necessary to overcome two principal obstacles. These were: (1) the deficiency of the ulna; (2) the displacement inwards of the ends of the ulna, and their adhesion to the radius. In addition, the large cicatrix forming the chief covering of soft parts over the injured bones made operative interference more difficult than if these coverings had been sound. The first of these obstacles was successfully overcome by removing a portion of the radius, so as to allow the ends of both bones to be brought together. The removal of this portion of bone by diminishing the amount of the osseous element of the forearm also permitted the contraction of the wounds in the soft parts to take place satisfactorily. The second obstacle was successfully combated by dividing the adhesions, drilling the ends of both bones, and securing them with strong wire, as shown in Fig. 2.

This method of securing the fractured ends would, I believe, prove very valuable in many cases of recent compound fractures of the bones of the forearm. It is a most efficient means of preventing their inward diplacement, and therefore assists much in preventing also the union of the radius and ulna to one another, a condition not easy to overcome in this class of injury. The wire which I employ in this and other operations of the kind is silver, of the thickness usually employed to secure the corks of soda-water bottles. The instrument used for drilling the bone is a joiner's common small pricker. Having tried more complicated instruments for this purpose, I have now a decided preference for the more simple tool, which I always find to be most efficient.—*Brit. Med. Journal.*

CURE OF BENT KNEE.

By John Morgan, F.R.C.S.I., Mercer Hospital.

In a former communication I brought forward some cases of cure accomplished in very young children. I have had since that date, from the extension treatment some very successful results in older persons. One of these shows a case where the cure was accomplished in two separate steps, as when the adhesions are found to be very firm and difficult of disruption, it may be judicious to be satisfied with an incomplete extension at any one time.

Case 1 In February, 1873, G. H., aged nearly ten years, came under my care, with the knee bent at a very considerable angle. He had suffered from disease of the joint for several years; it had gradually anchylosed in the position shown in the illustration. There was very little mobility of the joint, but his general health was now good. I found the biceps tendon resisting, and having put him under the influence of ether, I divided it, and straightened the knee very considerably, notwithstanding a great deal of resistance. In two months the boy went to the country, and I lost sight of him till November, 1874, when he came to me with the knee still somewhat bent; he used a crutch, though the front part of the foot reached to the ground and served in progression.

On November 29th, 1874, I put him under ether, and forcibly extended the joint, without finding it requisite to divide any tendon. I had two lateral stays applied with a leather padded strap at the knee; he went to the country in three weeks, walking well, without any assistance.

In this boy the deformity had been very great indeed; he was apparently a hopeless case; he now walks boldly and firmly, with but a slight limp.

Case 11 B.M'C æt eleven years, described himself as having a bad knee as long as he could remember. It had been in the bent position for over five years; abscess had formed, and he had suffered the usual long tedious consequence of joint disease. He came to me in order to get the limb straightened; its appearance was as is shown by the photograph taken December 27th, 1874. On December 30th I put him under the influence of ether, and divided the outer tendon. I closed over the wound immediately. On January 2nd I again etherised him, and extended the knee in the way I have already described. The result was most satisfactory, and the photograph taken January 1875, shows how well the patient could stand and walk without support, even in the short time that had elapsed after the operation.

Another instance of successful treatment is furnished by the case of J. R., a stout lad of eighteen, from the country. He had suffered for years, the joint had suppurated, and the limb finally recovered, bent at a very considerable angle indeed, so much so that when the photograph was being taken the foot had to be supported and steadied. The limb had wasted, while the other had become immensely muscular. In November, 1874, I put him under ether, and divided the biceps, and by making extension I extended the limb steadily. An angular splint was applied, and in a few days later lateral supports. A troublesome abrasion formed on the heel, and he got a dyspeptic attack, which delayed treatment. The limb, as represented

in the drawings, became a useful one, and he returned to the country without a crutch, and able to get along with a stick only, and this chiefly to give him confidence at first in using the limb.

In February this year, a girl aged nineteen, was sent to me suffering from a bent knee of long duration. She could get her foot to the ground with the aid of a very high-heeled boot, but could not walk without support.

I extended the knee, under etherisation, by force, and without the necessity of dividing any tendon. The adhesions gave way with some difficulty. The recovery and utility of the limb were both most satisfactory.

On March 4th she thus writes in reporting her state :—" I take a pretty long walk every day since I came home. Words would fail to express my gratitude, for I never expected to walk as I can at present. I gave up all hopes of that. As you already know, I never went without either a crutch or stick for more than twelve years."

These patients even in a few weeks obtained wonderful command over a limb that had been useless for many years. The first one, of G.H., shows the boy as he " posed" himself in the attitude of ease shown in the woodcut ; the others " posed" with the arms crossed, show the steadiness of posture which had been obtained in so short a time.

These cases illustrate one remarkable phase of conservative surgery where instead of removing a limb from its becoming inconvenient as well as useless, we may restore it nearly as whole as before and practically as useful. Some of those I have cited were instances of deformed joints, the result of long past inflammatory action, and where the adhesions were old and firm, others were of more recent date, yet in all equally favorable results were obtained It requires at first sight some fortitude to use such force as would alter a joint which has it may be for years, been in a formal position, but the fact is that is one of the essentials in the treatment, judgment and care in the selection of the proper case, and of the proper time, being the others. This treatment is applicable to all joints, even to the hip under certain circumstances, when assisted by myotomy. The number of cases which we see " going on crutches " show that the attainment of anchylosis, or " bent knee," is sufficiently frequent, whether intentionally sought for, or consequent on neglect, and allowing the limb to stiffen in a position it most naturally assumes when the subject of a disease, as proved by the interesting experiments of Bonnet, who, by forcing fluids into the synovial cavities of the different joints, arrived at definite conclusions, as the joint always assumed the same position and figure, irrespective of the posture of the limb at the time of practising the experiment, the knee-joint assuming (as it is found to do in life) an agle of about 120 degrees—an angle, unfortunately, which, when once established would leave the owner with but imperfect use indeed of a limb so important to his comfort and utility.

The use of an anæsthetic dispels any possible objection on the score of pain.

The small incision made by the tenotome hardly deserves the name of one, while the rapidity of the reduction may be fairly titled instantaneous. I can hardly conceive anything more satisfactory to a patient than the sudden regaining of a limb long given up as hopeless, and which has been a constant worry from giving pain and inconvenience, and I have myself experienced the pleasure of restoring to activity those who were cut off from their enjoyments, and limited in their hopes by the misfortune of a bent knee, which, after even many years of incapacity, I have seen used with vigor and intense enjoyment in two or three weeks after my manipulation.—*Med. Press & Circular.*

PHOSPHORUS IN BONE DISEASE.

Professor Jacobi, of New York, says that in a number of cases of bone disease he has resorted to a rather novel treatment. He referred to phosphorus. It was a number of years ago that a German anatomist fed a great many hundreds of rabbits, whose bones he had broken, on phosphorus. He found that fractures of bones would heal rapidly when the animals were fed on food containing minute quantities of phosphorus. When phosphate of lime is given in rickets, it is just as speedily eliminated as it is introduced into the system, and then it is really doubtful whether it is of much use or not. He was in the habit of prescribing phosphate of lime, because it is still believed that some portion of it will be retained in the system ; but eventually it will be found that there is but a very unsatisfactory result. With phosphorus it is different. This gentleman found that when he fed these rabbits on phosphorus, a large amount of callus was thrown out, and in a very short time relatively, the bone was healed. He says himself that he had no chance to try his method on the sick. When Dr. Jacobi read this paper, it occurred to him to try phosphorus in bone disease. He had since done so in a large number of cases, both subacute and chronic, both in private practice and in his clinique, and a large number of these had undobtedly been benefited by it ; he had now a number of cases of caries, subacute and chronic ; and pure periostitis got well under this treatment when it could hardly be expected.

The dose should not be more than one-twelfth to one-tenth of a grain to an adult, or one-thirtieth to one-fortieth of a grain four times a day to an infant, in the proper menstruum. It should be given

after meals, mixed with mucilage, or barley-water, and at the same time a little iron given. The use of phosphorus as a remedy for bone disease should be remembered, for it cannot yet be found in books or journals.—*Med. Press & Circular.*

DR. BEALE'S LUMLEIAN LECTURES.

The nature of life is a question, says Dr. Beale, which has engaged the attention of the most thoughtful minds of all ages. But we will still speak of the mystery of life. Many of those who are teaching at this day that physical and chemical processes constitute the life of the higher animals are perfectly aware that there are certain phenomena which cannot be explained by physics and chemistry.

Dr. Beale expresses himself as strongly opposed to the doctrines now generally taught and fast becoming widely diffused. It is dogmatically asserted, he says, in the plainest language, that all living things are machines, and all there actions mechanical. It is said that the sun forms living beings; that the brain and all organs are built up by the sun; that all the actions of living beings are mechanical, and that all things alive are machines; that living organism, as well as crystals, are the product of molecular forces; that the mind, the intellect, the will, thoughts, and emotions, as well as the body, were all once latent in a fiery cloud; and that the present world and all its inhabitants, past and present, as well as those to come, lay potently in the matter which was once cosmic dust; that the lowest forms of living approximate very closely to non-living material: whilst only matter and material forces—only atoms and atomic forces —have been and are concerned in the formation of all things, living as well as inanimate.

Dr. Beale then points out that up to this time no one has succeeded in showing that the above propositions contain the vestige of a substratum of truth.

Those who *force* such views on public attention, says Dr. Beale, incur a serious responsibility, but I am not sure if scientific men who strongly disapprove of the course taken, and who know full well that many of the extravagant assertions now made in the name of science, and from a scientific platform, cannot be supported by facts, do not, by their silence, incur a responsibility equally grave, inasmuch as they permit arguments which they know to be unsound to be advanced in the name of science without objecting to them.—*Medical Press and Circular.*

NELATON AND NAPOLEON.—A short time before his death Nelaton was called to attend the Prince Imperial in a deep-seated abscess of the hip-joint. Self-controlled as Louis Napoleon was constitutionally, the slightest illness of the Prince always unmanned him. Nelaton gave the case a careful examination, and decided, with his usual coolness, upon his treatment. He resolved to lay open the abscess. The Emperor, nervous and excited, objected. "But it must be done," insisted Nelaton; "his life depends upon the operation." "Nelaton," replied the Emperor, "I see no abscess there, and not the least indication that the knife is necessary. You will kill the Prince." "Will your Majesty leave the case with me?" insisted Nelaton. "The Prince will die if he is not relieved of this abscess." Napoleon then reluctantly consented, and, turning round to a window in the apartment, leaned his head upon the sash. Nelaton hastened to use his bistoury, but on the withdrawal of the instrument not a drop of pus appeared, but blood flowed copiously from the wound. The Emperor became furious, and rushing towards the surgeon, exclaimed frantically. "Did I not tell you that no abscess was there, and that you would murder my child?" The situation was now appalling; but Nelaton stood calm and unmoved. He had formed his diagnosis, and knew what he was doing. Quickly eluding the grasp of the Emperor, he in an instant plunged his bistoury a second time into the deep-seated abscess, whereupon, the pus having been reached escaped, to the relief of the patient, and the complete vindication of the heroism and professional sagacity of the great surgeon.—*Logan: Atlanta Journal,—The Clinic.*

REMARKS ON THE LOCAL USE OF LIQUOR FERRI PERCHLORIDI IN CANCEROUS ULCERATIONSOF THE UTERUS.

By Charles J. Gibb, M.D., Consulting Surgeon to the Newcastle-on-Tyne Infirmary.

Cancerous diseases of the uterus have generally progressed so far before they come under professional observation, as to pass as incurable fron one medical man to another, and it thus happens that I see a large number in my consulting-room. It is rare to find the disease so superficial and purely epithelial in character, or, if interstitial, so confined to the mouth and the neck of the uterus, that the diagnosis can be made with such certainity as to justifiy the surgeon in excising it; and in the advanced stages, the foul discharges make the patient so loathsome, that, in spite of the keenest feelings of pity, the surgeon is inclined to view the case as utterly hopeless, and leave all manual treatment to the nurse. When we remember how much relief can be given to the worst symptoms of the most incurable cases of external cancer by operation, or

by other measures calculated to remove fungoid or sloughing surfaces or masses of the disease; how pain can thus be relieved; bleedings prevented; foul discharges moderated or made less disgusting in character,—it is not surprising that surgeons should strive to give similar relief to the worst cases of cancer of the womb, and be more or less successful in their efforts. From time to time, I have tried the various local applications I have seen recommended; have made use of many caustics; have been taught by painful experience that caustic potash, or caustic potash and lime, are unmanageable, and too dangerous to the surrounding parts to be used with the freedom requisite to be of service; that the actual cautery is too fear-inspiring; that nitric acid or acid nitrate of mercury (which had been used with great care) are inefficient; and that lunar caustic and powders or points of zinc or alum are useless as caustics.

About two years ago, I had occasion to dilate the uterus in a very obstinate case of menorrhagia proceeding from large vascular granulations in the cavity of the enlarged organ. The strongest pharmacopœial solution of the perchloride of iron (being in fact iron dissolved in pure acid) was injected into the open uterine cavity, and a piece of sponge soaked in the solution left there for twenty-four hours. This treatment was perfectly successful, and I viewed with surprise the efficient way in which the soft and vascular growths were destroyed, while the normal structures of the uterus and vagina were but little inconvenienced, and certainly not eroded. Since that time, I have been accustomed to use this solution in many cases of cancer of the uterus; and, having promised our secretary to read a few notes at this meeting regarding its usefulness in my hands, I jotted down the histories of the following cases, being the case of cancer in which I used it in my consulting-rooms during the week succeeding the day I made that promise.

Case 1.—Mrs. B., aged 36, a shopkeeper, married five years, without children, was a strong powerful woman until fourteen months ago, when she was seized with menorrhagia, followed by the foul sanious discharges and other symptoms of cancerous ulceration. She came to my office about six weeks ago, anæmic to the last degree, from almost constant hæmorrhage and putrid discharge. On, examination, the mouth and neck of the uterus were found destroyed, and their place occupied by a large, deep, sloughing, cancerous sore. The body of the uterus felt greatly enlarged, and as hard as a cricket-ball, whilst the vagina was quite free from disease. Profuse hæmorrhage attended the examination. The sore was filled with cotton-wool soaked in the solution of the perchloride, and the vagina stuffed with tow. She came from a distance by rail, and was ordered to remove with her fingers, or allow the lady who accompanied her to withdraw, the stuffing of tow next morning, and trust to the injections of zinc and alum to wash away the cotton-wool; and appropriate blood-making and aperient medicines were prescribed. On her second visit, she expressed herself as much stronger, very little bleeding having taken place during the week. The application of the perchloride was repeated; and I did not see her for the next ten days, in consequence of a severe pain compelling her to remain in bed. The sore was much healthier in appearance; there had been very little bleeding, and the discharge had become scanty and semipurulent in appearance, without any of the old putrid smell. She was, however, very feeble, and made the journey with great difficulty. Instead of placing the cotton-wool soaked in the perchloride over the sore, I elevated her breech, half filled the vagana with the solution for a couple of minutes, then sucked it up with a syringe and left a plug of tow in the vagina, to be removed next day. The improvement was marked on her fourth visit, and on this, her sixth, I found there had been a little bleeding once during the week, whilst forcing away a very costive motion. The ulcer was perceptibly smaller, and free from slough, the circumference of the vagina having contracted considerably around it, A small quantity of oil like pus lay in the vagina; but the examination still caused the ulcer to bleed slightly. The ulcer was again bathed with the strong perchloride, and she returned home expressing herself as twice as strong as when she first called upon me, and very much relieved from the local misery.

Case 11.—Mrs. R., aged 36, an innkeeper, with several children, the last 7 years old, commenced to have menorrhagia, and the ordinary symptoms of cancer of the womb, nearly a year ago. She began to attend my office four months ago, and was found to have a large, soft, bleeding epithelioma, covering the swollen and apparently destroyed vaginal parts of the uterus, and extending along the front wall of the vagina to within an inch and a half of the orifice of the urethra. She came in a cab, and her linen was drenched with blood. She was exceedingly anæmic, with daily hæmorrhage, and was evidently in the last stage of the disease, the sore bleeding on the least examination. A large piece of cotton-wool, soaked in the perchloride, was placed over the diseased part, and the vagina was stuffed with tow. On her second visit a week afterwards, the hæmorrhage had almost ceased; the sanious putrid discharge was much lessened, and, though there was a little change to be seen in the appearance of the sore, the finger felt it to be less fungoid and pultaceous in consistence, and less blood followed the examination. I may here remark that the fungoid sores were so extensive as to make it utterly impossible to use any speculum, and the oiled finger of myself and assistant had to be used to open the vagina and

make the necessary examination and applications. The same examination was made weekly during the nine successive visits, by which time she had regained much of her lost strength, walking a considerable distance to my rooms, and experiencing but little pain or inconvenience, except in passing urine and fæces. The hæmorrhage had ceased after the third application; the foul sanious discharge had given place to a scanty oil-like purulent matter without smell; the fungoid vaginal sore was healed, or rather, converted into a thick nodulated, gristly, cicatricial substance, covered with a thin smooth membrane, whilst the deepest part, that corresponding to the uterus, alone presented a chick-like ulcerated surface. It was difficult to see or reach the deepest part, on account of the remarkable contraction that had taken place in the calibre of the vagina, which, from being very capacious and soft, admitting several fingers, had become changed to a rigid tube, that would scarcely allow more than one finger to pass along the upper part of the canal. At this period, some of the children became ill of fever, and she did not visit me for six weeks, having gone through much fatigue in nursing them. On again examining her this week, on her return, I found she was again suffering from a recurrence of the hæmorrhage, consequent, as she asserted, upon the menstrual flow; and I found also that the disease had again opened out the deepest part of the cicatrix, and formed an irregular foul ulcer nearly the size of a crown-piece. The front piece of the cicatrix remained in much the same condition. I covered the sore with wool soaked in the perchloride, and warned her against such negligent attendance in future.

Case 111.—Mrs. B., aged 46, a stout healthy-looking lady from the country, the mother of several children, called upon me about a year ago, having slight discharge and bleedings in the intervals between the monthly periods, as well as excessive monthly flow. Her other symptoms were so slight, that her husband, who was also a patient, had difficulty in pursuading her to see me. The mouth and neck of the uterus were found to be red and raw-looking, bleeding on the slightest touch, also hard and considerably enlarged, and there was an ulcerated crack at the orifice of the organ. She attended my rooms once a week for about two months. Lunar caustic was applied at first; but, as it produced little change, the perchloride was used a few times with such good effect, that, considering herself quite well, she did not return to see me until to-day, when, she tells me, the bleedings have again returned lately, and she feels a heavy uncomfortable weight in the uterine region. On examination, the whole organ is found greatly enlarged and very hard, being evidently infiltrated with scirrhous disease. The old ulcer is again open, bleeds freely on examination, and there is considerable discharge. The perchloride has been applied.

* * * I have always used the strongest pharmacopœial solution undiluted, as I have only used it to secure a caustic action. It causes very little pain. At first, I applied it on a piece of sponge or lint; but finally found cotton-wool to answer best, as it sucks up any quantity that may be required, parts with it easily, and can be moulded into any form, so as to fill a cavity or cover over a growth. It has happened occasionally that I have found the cotton-wool still adherent over the sore a week or more after its application, and, when removed, it has always a black or chocolate-coloured mass, frequently quite solid, from the quantity of blood or albuminous matter absorbed in its meshes and clotted therein; indeed, one patient gravely told me she had passed a solid brown egg a few days after one of her visits. No doubt it was the hardened wool, although she declared she had cleared out the vagina the day after her visit.

I have kept no record of all the cases I have treated with the perchloride; but, as I have generally had six or eight under treatment at one time, I must have used it in twenty or thirty cases; and its beneficial influence has been so marked, that I would strongly recommend its trial in suitable cases.—*British Med. Journal.*

SMALL-POX AND REVACCINATION.

A report of the small pox Hospital, Blackwell's Island, in the *New York Medical Journal*, of February 1875, states that one of the most interesting facts brought out by the hospital cases is, the value of vaccination as a preventive. The vaccination of childhood is of no value, unless repeated at intervals of three years. This is proved by the fact that all, or nearly all, of the cases have good pock-marks; though, at the same time, it is true that the cicatrix does not prove the validity of the vaccination. Again, the fact of having had the disease does not preclude the possibility of again taking it, and should not preclude the necessity of revaccination. It not unfrequently happens that a patient enters who is strongly pitted; and a patient in Jersey City Charity Hospital had the disease three times. The strongest argument in favour of frequent revaccination is that, of all the cases under observation, not one can be found who has been successfully revaccinated within four years; and there are only a few even who were vaccinated four years ago. But while this is considered a rule, it is not without its exception, the case is mentioned of a child who was vaccinated successfully at a dispensary on the east side, and in a year from that time took small-pox. Another interesting fact occasionally noticed in hospital is, that small-pox and cow-pox run their course to-

gether in the same patient, each entirely uninfluenced by the presence of the other.—*Brit. Med. Journal.*

OVARIAN DISEASE: TAPPING: CURE: SUBSEQUENT ACCOUCHMENT.

Mrs. B. consulted me five months after her marriage as to her condition, which, to outward appearance, seemed to be that of a woman far advanced in pregnancy. As she had some doubt on the subject, I proposed seeing her at home for examination. The non-existence of pregnancy was not difficult to diagnose, and, for confirmation of my opinion that the swelling was ovarian, I sent her to Mr. Cadge, who kindly offered, if it met my views, to take her into the hospital. The patient herself was unwilling, and time passed on, till the swelling of the body had increased so much, her general health was so impaired, her emaciation had become so great, and her breathing so distressing, that relief in some way was urgent. Mr. Cadage being absent for a season, Dr. Beverley saw her in consultation with me, and it was determined that tapping should at once be resorted to. The result was the emptying of the cyst of three and a half gallons of a greenish yellow, somewhat glairy fluid. The usual compress with the flannel roller was applied afterwards. She recovered without an untoward symptom, and no reaccumulation of fluid took place. I visited her some months afterwards, and found her so hale and hearty, that I did not recognise her, and she had to assure me of her identity. Four months since, she again consulted me, and this time there was no doubt of her pregnancy. She was delivered of a healthy child on February 2nd, after a natural labour of twelve hours' duration, and, up to the present date (25th), has made a good recovery. The tapping took place July in 1872.—*Dr. Day in the British Med. Journal.*

MILK KEPT BY CHLOROFORM.

That milk can be kept sweet by the addition of a little chloroform is a suggestion for which we have to thank Mr. Barnes, of London. When added in sufficient quantity to fresh milk, the lactic fermentation is prevented. To two eight fluid ounces of fresh milk was added respectively, ten and twenty minims of chloroform; they were kept in a warm place, and occasionally agitated; after five days had elapsed, that containing ten minims had developed lactic acid in quantities sufficient to separate the caseine, whilst that containing twenty remained fresh and good. It might be found convenient to preserve milk in this manner, always taking care to boil it just before using, in order to drive off the chloroform.—*The Medical Press and Circular.*

External Use of Turpentine in the treatment of Tonsilitis.—In the *Leavenworth Medical Journal*, Dr. S. H. Roberts strongly recommends the use of turpentine externally in tonsilitis. He folds the flannel to four thicknesses, wrings it out in hot water, and pours oil of turpentine over a spot the size of a silver dollar. The flannel is then applied over the sub-parotid region, and the fomentation continued as long as it can be borne. After removal, a dry flannel is applied, and the same region rubbed with turpentine every two hours. This application is continued daily till resolution occurs. The doctor believes, from the evidence of his long experience, that thus applied early in the disease the oil of turpentine has almost a specific effect in tonsilitis. That its action is not simply that of an irritant, he has proved by employing mustard, croton oil, tr. iodine, etc., in the same class of cases. They always failed to diminish the inflammation of the tonsils, while the turpentine succeeded.

Sulphuric Acid in the treatment of Boils—Dr. Madison March, of Fort Hudson, La., says, in the *Medical and Surgical Reporter*, that boils and other analogous affections are treated by him with sulphuric acid, which he regards as almost a specific. He has used the acid with constant success for five-and-twenty years. "As soon as the patient applies for relief," he says, "I put an adult on elixir vitriol, 20 drops three times a day, in a glass of sweetened water, one hour before meals, previously smearing the teeth well with fresh butter or chewing a piece of fat pork, for a sure protection to the teeth. Using the butter for protection, if the teeth are subsequently washed with a solution of soda bicarb, a heaping tea-spoonful to a glass of water. In the use of sulphuric acid in this way, the boil (or crop) then on hand will soon melt away, and there will be but one effort to return before they will finally disappear, no more to reappear. The acid should be kept up in ten-drop doses for at least two weeks after the boils have disappeared. To assist in their local treatment, to effect a speedy cure and afford relief from pain and soreness, I apply a piece of common adhesive plaster, cut round, sufficiently large to cover the tumour to the extent of the areola, clipping the edges so that it will set smooth; or a little shoemaker's wax spread on a cloth will do just as well. I have made this application to saddle boils, and next day rode in the saddle very comfortably, the boil progressing to maturity with very little pain, and sometimes effecting an abortion at once.

"In this connection I have read in your *Periscope* a very interesting and scientific article on the sulphites of soda, potash and calcium, as an antidote for all these ills of humanity. And now, right here let me suggest, perhaps the chemical play of affinities in nature's chemical laboratory may evolve the sulphites in the same way that chloral amateurs claim that chloral hydrate is metamorphosed in the blood to chloroform."—*New Remedies.*

ON HYDROCELE OF THE NECK.

BY SAMPSON GAMGEE, F.R.S.E., BIRMINGHAM.

In March last year, Mrs. D——, from Wolverhampton, called on me with her youngest child, a healthy-looking boy two years old, who had a tumor on the left side of his neck. The growth was noticed very soon after birth, and had steadily increased to its present size. When the clothes were removed, I found a round smooth mass occupying the whole left side of the neck, and projecting over the clavicle on to the upper part of the pectoral region. Fluctuation and transluency being very distinct, I introduced a trocar at the most dependent part in front, and drew off nearly a pint of pale, straw-colored, and richly albuminous liquid. After closing the aperture with styptic colloid, and applying a cotton-wool compress, I requested to be informed of the progress of the case. I heard nothing of it for eight months. When the child was again brought to me last December, the tumor was larger than when first seen, and the contents, though still liquid, had undergone a bloody change. The mass was no longer translucent, and the skin was uniformly bluish. I introduced two ordinary-sized drainage tubes from back to front, at a distance of a couple of inches, and applied a tenax compress. A considerable quantity of reddish fluid oozed through the tubes, but as days elapsed the mass did not perceptibly lessen, and it became evident that something more must be done to effect a radical cure. Dissection has proved that these congenital cystic growths in the neck are under the fascia; and in the particular case entire removal would only have been possible after a dissection attended with risk. With a view to effect a cure with the utmost safety, I removed the two small drainage-tubes, and while my friend and colleague, Dr. Mackey, administered chloro form, I made an incision on the anterior aspect, a little below the middle line of the tumor, and pushed into its centre an india-rubber drainage-tube, two inches long and a quarter of an inch in diameter; the anterior extremity of the tube projected slightly from the wound, and was kept in position by a loop of thread on each side secured by adhesive plaster. At the end of a week a great deal of irritation had been set up; the mass was hot and semi-solid; the child was feverish, and the discharge semi-purulent. The tube was now removed, and a linseed poultice applied. Within a week three separate collections of matter were evacuated by the aid of the lancet; fever subsided, a dry pad was applied with daily increasing pressure and the rapid decrease of the enlargement. No trace of it now is perceptible, and the child is perfectly well.—*The Lancet.*

THE COLLEGE OF SURGEONS.

An important meeting of the Council of the College of Surgeons was held last Thursday. A letter from Mr. Hilton, resigning his seat as a Member of the Court of Examiners, was read, and duly accepted.

The provisions of the Enabling Bill were then discussed. The object of this Bill is, we believe, to ask Parliament to enable the College to co-operate with other examining bodies in conducting the examination required for the qualification to register, and to make it lawful for the Council of the College to enact a bye-law that no person shall be admitted as a Fellow or Member, or Licentate of Midwifery at the College, unless, in addition to the examination required for such diploma, he shall have passed a joint examination for qualification to be registered, and complied with such conditions relating thereto as may be agreed upon between the College and the examining bodies with which it co-operates. Everyone who passes the joint examination will receive from the College letters testimonial to him of his qualification to practice the art and science of surgery, on receiving which he shall be a member of the College subject to existing regulations, provisions, and bye-laws. The Council, however, reserves the power to elect to Fellowship without examination any members who, if the Act had not passed, would be or might be eligible for such election, or any fellows or members or licentiates of the Royal Colleges of Surgeons of Ireland and of Edinburgh and of the Faculty of Physicians of Glasgow, who shall at the time be *bonâ fide* in practice as surgeons in England or Wales.—*The Lancet.*

TREATMENT OF WHOOPING-COUGH.—Wild claims that he can cure every case of whooping-cough within eight days by the following treatment: The patient is not to leave the room, and at every access of coughing is to hold before his mouth a small piece of cloth folded several times, and wet with a teaspoonful of the following solution: Ether, 60 parts; chloroform, 30 parts; turpentine, 1 part.—*Deutches Archiv. f. Klin. Med. Allg. Wien. Med. Ztg., 45, 1874.*

RECENT THERAPEUTIC REMEDIES.—Mr. W. Handsel Griffiths (*Medical and Surgical Reporter,*) exhibited to the Surgical Society of Ireland a collection of specimens of certain remedies, and described, succinctly, the characters, properties, and uses of each of the drugs exhibited. The specimens shown comprised, 1. *Goa powder*, the Indian remedy for ringworm, recommended by Dr. Fayrer. 2. *Cundurango bark*, the vaunted specific for cancer, but which on trial had proved a failure. 3. *Guarana*, obtained from the Brazilian plant, *Paulinia Sorbilis;* so often found useful in sick headache, and also strongly recommended by Mr. E. Rawson, of Carlow, in cases of lumbago and rheumatic affections of muscular and fibrous structures. 4. *Rhamnus frangula*, a decoction of the bark of which was stated to be an agreeable aperient. 5. *Jaborandi*, the new sialagogue and diaphoretic. Mr. Griffiths had personally experimented with this drug, taking an infusion made with forty grains of the leaves, and had experienced to a marked degree the diaphoretic effects ascribed to the drug. 6. *Boldo*, lately introduced as a tonic. The leaves of this plant, a native of South America, are studded on their surface with large glands, which furnish the active principle of the drug. 7. *Eucalyptus globulus*, recommended also as a tonic, febrifuge and anti- periodic, the leaves of the plant being the officinal part.

A SIMPLE METHOD OF REDUCING THE DISLOCATION OF THE FOREARM BACKWARDS.—Dr. Alexander Murray writes to the *New York Med. Record* of July 1, 1874, that he has reduced five cases of the above-mentioned dislocation by the method to be described.

Suppose the dislocated arm to be the left. Dr. Murray takes a position at the outside of the dislocated arm, and places the palm of his right hand to the patient's left, dove-tailing his fingers between each of the patient's. In this way, a firm hold is secured for extension. He then places his elbow as a fulcrum and for counter-extension on the forearm in front and against the lower end of the humerus, and by a steady pressure downward and backward, and at the same time flexing the forearm toward the shoulder, in a few minutes the luxated bones slip into their natural places. Other dislocations of the elbow can be reduced by the same method.

TYPHOID FEVER.—In the *Practitioner* for January Dr. George Johnson says that in the treatment of typhoid fever careful nursing and feeding are of primary importance, while, as a rule, no medicines of any kind are required, and when not required they are often worse than useless. Diarrhœa is a less frequent symptom than before this plan was adopted, and when it does occur it is far more tractable, while tympanitic distension of the abdomen is a rare event. The mischievous opiate enemata and the torturing turpentine stupes have disappeared together. He believes one of the main reasons why we have less diarrhœa than formerly is, that we carefully abstain from the employment of irritating drugs of all kinds. As a rule, a fever patient at King's has the "yellow mixture," which is simply colored water; and except an occasional dose of chloral to procure sleep and a tonic during convalescence, no active medicines of any kind. These patients are fed mainly with milk, with the addition of beef-tea and two raw eggs in the twenty-four hours, and wine or brandy in quantities varying according to the urgency of the symptoms of exhaustion, especially in the advanced stages of the disease; but in many of the milder cases, and especially in the case of children, no alcoholic stimulants are required from the beginning to the end of the fever, and when not required they are of course, says Dr. J., best withheld. He gives no irritating drugs of any kind, and has no doubt that the comparative infrequency of severe and obstinate diarrhœa among his enteric fever patients during the last few years, is partly attributable to the discontinuance of mineral acid treatment.—*The Clinic.*

RETROVERSION.—Dr. Averling records in the *Obstetrical Journal* the following anecdote: The postural treatment of retroversion consists in lying or reclining upon the sides, or, still better, upon the face. Prostration also is an admirable attitude. A remarkable anecdote in support of this is told of a lady suffering from retroversion, who made her complaint the subject of prayer, and was surprised to find it answered only whilst she was upon her knees. All pain ceased during the devotional act —that is, when she unconsciously adopted the proper prostural treatment.—*The Doctor.*

OINTMENT FOR SYCOSIS. — Dr. S. Smith, of New London, Ct., sends us the following formula for an ointment, which he has used for several years, with unvarying success, in the cure of this intractable affection:

℞ Acid tannic ..... gr xv.
Sulphur..... gr. xij.
Aquæ rosæ..... ʒ ijss.

Apply a quantity the size of a pea to the affected spot every morning and night.

OZŒNA.—At the Detroit Medical Society Dr. Lathrop related a case of ozœna, in which the patient found complete relief in the persistent use of new milk and common salt. About a teaspoonful of salt was disolved in a pint of milk. The remedy is one that commends itself to notice by its simplicity.

ALOPECIA SUCCESSFULLY TREATED BY LOCAL STIMULANTS.

Case I was that of a married man, aged 54, with a large family of perfectly healthy children. He had always enjoyed good health until about a year previously, when he experienced a sudden and severe nervous shock. Shortly afterwards, he first noticed symptoms of baldness, his hair becoming thinner and falling off, particularly over the head; so much so, that in a few weeks his scalp presented a perfectly white and shiny appearance, with no vestige of hair left, rendering the use of a wig necessary. The disease continued gradually to spread, until the whole of his body was more or less implicated. When he applied to me, he stated that he had been under treatment for some months, but with no benefit; and, to use his own words, "had been discharged as incurable." On making a careful examination of his body, I found a condition of almost general alopecia to exist, the skin having a uniform white, smooth, and shiny appearance. I put him under a strictly nutritious and digestible dietary, and prescribed tonics to improve his general health. Locally to the scalp I painted on some blistered fluid, repeating the application once a fortnight, and ordered the following lotion; carbonate of ammonia one drachm, tincture of capsicum one drachm, rectified spirit one ounce, glycerine one ounce, and rose-water to eight ounces, to be applied freely over the body night and morning. For two months I could distinguish no appreciable improvement in his condition; but after that period, new hair, very silky and quite white, began slowly to grow, and became thicker and stronger until the body and head assumed all the appearance of health, being well covered with hair over the different regions, although the colour, of that hair, originally dark brown, was now permanently quite white. In this condition he was discharged as cured after seven months' treatment. About three months afterwards I met him, and he stated that he had experienced no return of the disease in any way. I may here observe that, in this man's case, there was no history of acquired or congenital syphilis, or, in fact, any apparent cause for the disease beyond the shock he mentioned.

Case II was that of a married woman, aged 32, with five children, who applied to me with alopecia circumscripta of two years' standing. Her husband and children appeared quite healthy, and she stated that she had never known a day's illness, and that the disease seemed in no way to affect her general health. I could obtain no information as to the origin of the disease, and there was no evidence of any constitutional disturbance that could have caused it. The scalp, upon examination, presented a series of white, smooth, ivory-like patches, bound irregularly by healthy hair. This case was treated upon the same principle as the former, the blistering fluid being applied at intervals of three weeks, although not with the same speedy effect, as, from the soreness of the scalp, the treatment had to be stayed from time to time. The disease also appeared to be more intractable, it being upwards of seventeen months before she was discharged thoroughly recovered.

As to the causes of alopecia, Nayler, in his work upon *Diseases of the Skin*, assumes them to be numerous, particularly in women, viz.: parturition, and some fevers, especially typhoid and scarlet. Also, after any serious affliction it may occur, or after acute rheumatism; but this last cause is more frequent in men. Moreover, it may, in both sexes frequently appear as a result of syphilis, either constitutional or acquired. In his remarks upon treatment, Nayler highly recommends the use of stimulating lotions and blisters, and my own experience of this treatment has proved most successful.—*The Brit. Med. Journal.*

CYANIDES IN RHEUMATISM.—M. Lutton of Rheims (*Bull. Gén de Thérap.*) extols the cyanides in acute articular rheumatism. He has used zinc and potassium cyanides. The first is a white inodorus tasteless powder, insoluble in water, but probably soluble by the gastric juice. M. Lutton administers 1½ grains daily, either in pill or suspended by mucilage. The cyanide of potassium is more active, is administered in maximum doses of from 1½ to 2¼ grains, preferably in silvered pills on account of its disagreeable flavor. M. Lutton reports many cases, and affirms that it is certain that cyanides cure acute articular rheumatism in its fundamental form and its diverse transformations. They cure by shortening the duration of the disease in a marked manner, and by diminishing the risks of complications.—*The Clinic.*

FORMULÆ FOR THE TROUBLESOME COUGH OF PHTHISIS:—

℞. Potassii bromidi,
Potassæ chloratis,
Ammoniæ muriatis, } aa ʒ iss.
Syrup. tolutani ʒ iv. M.

Tablespoonful every two or three hours.

℞. Tincturæ opii camphoratæ, ʒ i.;
" belladonnæ, ʒ i.;
" hyoscyami, ʒ ij.;
Spiritus Lavendulæ comp., ʒ i. M.

Ten drops on a lump of loaf sugar every hour until cough is relieved.—*Charity Hospital, New York.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John N.B.; J. M. BALDWIN, 806 Broadway, New York, and BALLIERE TINDALL & COX, 20 King William street, Strand, London, England

TORONTO, MAY 1, 1875.

HYPODERMIC MEDICATION.

If any instance were required to be cited, to prove that Medicine is a progressive art, commanding the highest order of scientific knowledge, reasoning powers and inventive skill, and requiring the most patient observation and untiring research and experiment, the fact of the great advances conferred by hypodermic medication might be put forward. The history of the discovery of the method of injecting medicines subcutaneously, illustrates patient labour and improvement step by step, rather than a brilliant immediate achievement. Some of the latest applications of the method, however, might serve as admirable illustrations of the brilliant triumphs achieved where the reasoning powers guide the path of discovery and experiment.

A very interesting summary of the history of hypodermic medication appeared in a series of papers lately contributed to the London *Lancet*, by Mr. Cullingworth of Manchester, in which the modes and processes resorted to, before Dr. Alexander Wood made use of what is now known as the hypodermic syringe, are traced in progressive order. The object of nearly all the early investigators, was the relief of neuralgia by the direct application of narcotics to the painful part. Lembert and Lesieur in 1824 applied blisters over a neuralgic spot and sprinkled morphia over the surface deprived of its epidermis. In 1836 Lafargue, by means of a lancet puncture, inoculated morphia. Afterwards a grooved needle was used to convey morphia, in suspension; and Langenbeck devised a sort of spoon or scoop partially covered over, wherewith to introduce morphia beneath the skin. Then Rynd, of Dublin, employed a needle and canula, the needle being withdrawn after making the puncture, and a concentrated solution of morphia poured into a little opening in the side of the canula, and allowed to run down into the tissues. Dr. Wood's crowning discovery was made in 1853, when, having occasion to use one of the little syringes made by Ferguson, for injecting the solution of perchloride of iron into a nævus, it struck him that this was just the instrument wanted for injecting morphia subcutaneously, and he determined to try it in the next case of neuralgia that presented itself. The opportunity soon came, the experiment was a success, and the practice of hypodermic medication thenceforward came to be established. Charles Hunter afterwards proved that the influence of remedies injected subcutaneously is not local, but is exercised throughout the general system, and that consequently the relief will be the same, however far away from the afflicted nerve the narcotic be introduced. This discovery widened the field of hypodermic medication, and led to the use of various agents, as ergot, quinine, etc., for the arrest of hemorrhage and the cure of intermittent fever.

Of the value of ergot as thus employed in arresting hemorrhage, some striking instances have been published. Rapidity of action is one of the merits of the hypodermic method, and in alarming hemorrhages we can by means of injected ergotine save time, as well excel the efficiency of other agents. Ergotine is the name given to a concentrated extract of secale cornutum. Hemoptysis, hematuria, and hematemesis have been thus controlled through the speedy and special action of ergot on the vaso-motor system. The parturient action of ergot may also be obtained by means of hypodermic injection. Dr. Clifford Allbutt has declared that there is a great difference in the effect of morphia given hypodermically and when taken by the mouth, and the same is claimed for ergot. By preference, hypodermics of ergot, have been resorted to for expelling submucous fibroid tumours of the uterus.

The injection of quinine has not as yet come into much favour, and until some further advances are derived from experiments we shall probably go on treating intermittents by the old methods.

Belladonna is injected subcutaneously under the form of atropine and its salts. In the late cholera epidemic in the Mississippi Valley, sulphate of atropine in combination with morphia was injected

hypodermically with beneficial and encouraging results, in alleviating spasms and allaying vomiting and purging. No doubt this plan will be thoroughly tested in succeeding epidemics.

A fresh advance—and one gained by triumphing over certain obstacles—is the injection of mercury for the cure of syphilis. Corrosive sublimate which was first employed to this end, had such an irritant and powerful local action, that it might be concluded that it was unfit for such a purpose. The early experiments in injecting this agent, were attended by the production of abcesses, but the quantity injected was steadily lessened until it has been found that the daily injection of fifteen minims of a solution containing one grain to the ounce—equal to the thirty-second part of a grain—will exercise a constitutional effect and cure syphilis without the production of abscesses. Since it became evident that mercury could be efficiently employed by means of injections, much skill and ingenuity have been exercised in trying to find a mode of introducing larger doses of mercurial preparations with the view of more rapidly curing syphilis, (for the larger the quantity of mercury introduced into the system per diem the more rapid the cure) and at the same time of avoiding irritant effects, and the production of abscesses. Thus it has been found, that the addition of morphia to the solution of perchloride of mercury lessens its irritant action, and enables a larger quantity to be injected without much greater risk of producing abscesses. This is the plan practised by Lewin of Berlin, who injects one-eight of a grain daily. It has been extensively employed in Berlin, Paris, and Vienna, and is asserted to be the most rapid method of curing syphilis now practised. Experimenters are trying other preparations of mercury. Staub uses the albuminous solution of corrosive sublimate in alkaline chlorides, free from acidity and destitute of the power of coagulating the albumen of the blood. This is asserted to be much less irritant in its local action than the simple solution. In Paris, the double iodide of mercury and sodium has been tried. Mr. Cullingworth, whose papers in the *Lancet* we have already referred to, uses the bicyanide of mercury, and finds it more satisfactory than any other salt. Three grains of bicyanide are dissolved in an ounce of water containing a little glycerine. Fifteen minims of this solution are injected in the upper arm, or the gluteal region. There is little or no pain, and the local effects, he says, are "reduced to absolute insignificance."

The general practitioner who employs the hypodermic method, will find the earliest uses of the instrument by far the most common and justifiable. There is no prompter method of administering an anodyne than by the hypodermic syringe. In inveterate neuralgia, in painful nervous dysmenorrhœa, and other allied affections calling for the administration of a narcotic, the hypodermic injection of morphia gives the promptest relief. Although peculiarly applicable in cases of gastric disturbance, it nevertheless is apt to produce nausea when given in a full dose, just as morphia does when given by the mouth. Its calmative effects, however, soon follow. These are so decided as to have overcome the popular prejudices at first roused against the plan.

The acetate of morphia is much to be preferred for hypodermic use, it is more soluble in water than the other preparations, and so enables a more concentrated solution to be made, whereby the time employed in injecting is diminished, and the painful tension of the subcutaneous cellular tissue produced by injecting a large quantity of solution, is avoided. The addition of sulphate of atropine is said to increase the calmative effect of the morphia and at the same time to lessen its constipating property. The following formulæ may be used :—(1) Acetate of morphia, one grain; pure water, six minims. Inject three minims—equal to half a grain. (2) Acetate of morphia, ten grains; sulphate of atropine, one grain; water sixty minims. Inject three minims. More dilute solutions than those may be used without producing much greater pain or inconvenience.

There is evidently a greater field widening, and a brighter future opening up, for hypodermic medication. Its uses are sure to be extended. The study therefore of these advances in medicine is to be commended to every earnest practitioner. It is well to have improvements and advances in medical art; but it is still better to have the advantages arising therefrom widely diffused. The hypodermic syringe ought to be as common in the doctor's armamentarium as the lancet used to be Unlike the latter the syringe has not gained the opprobrium of being "a tiny means of mighty mischief," but is rather gaining in usefulness, in popularity and approval every day.

TOLERATION.

The members of the Birmingham Medical Institute, have had under discussion the position of the Homœopaths, and the propriety of accepting donations from,or admitting them into the Institute. Contributions for the support of a reference library the (leading objects of the Institute) had been received from many townspeople, both professional and lay, and among others, some professed Homœopaths had contributed largely—and the contributions were accepted. This of course opened the way for their admission. Mr. Baker the chairman of the committee, having the affair chiefly in hand, in moving the adoption of the report, after recapitulating the circumstances which led to the establishment of the institute, and the objects for which it was founded, said that one of the members of the committee incautiously accepted a donation from a homœopath—or rather the donation was announced —and personally he (Mr. Baker) did not know that there was any more sin in accepting a donation from Dr. Blake than from his friend Mr. Chance, who gave £200. The donation involved nothing —it was a free gift. No secret was made of it, and he believed it was a very kind and proper act on the part of Dr. Blake. This, however, gave rise to the thought in his mind—What was to be done with the homœopaths? It was true they followed what he considered to be a phantasm, a sort of fanciful theory, involving a far-fetched definition, which would not bear physiological investigation; but after all the question was this—Were they medical men? In turning over the homœopathic register—for they had one—he found that every man practising homœopathy in this country had his qualifications—and, further, on looking into the Acts which have since become very common property, he found that their corporations were compelled to acknowledge those gentlemen, and that they could not, because they pursued a diverse mode of thought or treatment, divest them of the honors which they had attained, some of them having taken rather high honors in the different Universities. Nevertheless, he felt that while they must admit that those gentlemen were properly, and in some cases highly-qualified medical men, still there could be no unity of discussion between them. But the next thought that occurred to him was this. They were not going to have any discussion; they were forming a reference library —and hoped to have lectures, and if those gentlemen were disposed to come, let them. He therefore came to the decision that the homœopaths who were qualified—and that simply involved the whole of them—must be received as members of the institute if they applied.

Mr. O. Pemberton after referring to the action he took twenty years ago, when it was wished that a series of experiments should be tried at the General Hospital, said he maintained the sentiments then as he did now, that as long as the homœopaths bore a name which distinguished them from the rest of the profession they had no claim to that professional intercourse which they extended to others. When that distinctive name ceased he should be one of the first to hold out the right hand of professional fellowship to them. What he believed to be the error into which the committee of thirteen gentlemen fell, was in never having called a meeting of the profession, at which the question of the reception of the donations, or the admission of homœopathic practitioners into the institute could be discussed. He complained that the larger voice of the profession had never been asked upon the subject. He had thought it his duty to bring the matter before the profession, and for that purpose he chose their mutual organ, the *Lancet*. He selected that organ because he deemed it more suitable than the public prints. It might suit some to select those vehicles, and it might suit some behind the scenes, to suggest comments in them on letters which had not appeared in their columns, but it did not suit him. He did not consider it the proper vehicle in which to conduct a correspondence of this kind, which had a direct interest for the medical profession only, and should be conducted in their organs. He concluded his remarks by moving the following amendment.

"That this meeting regrets that the original committee of the Birmingham Institute did not call a special meeting of the profession before they accepted donations from professed homœopaths, and thereby permitting a committee only to decide so grave a question."

This was seconded by Mr. Archer. The next speaker was Dr. Heslop, who said he had changed his convictions materially, within the last 20 years, in regard to gentlemen holding opinions different from his own. He no longer thought it right

proper to persecute those, who held different views from himself. He sustained the position of the Committee. He acknowledged that he accepted the donation from Dr. Blake, and he glorified in having done so. He laid the blame on Mr. Pemberton, for not having, when the first meeting was called, raised the question of the reception of the homœopaths He ridiculed the idea of Mr. Pemberton attempting for a moment to close a library against anybody for a difference of opinion. He asked them to consider, whether the present was a moment for them to tell the public of Birmingham that they were all right and sound, and that those gentlemen who differed from them were all wrong and unsound. Was it a moment when they could say that all on one side of a certain line was true and all on the other side was untrue? For any man who knew anything whatever of the present state of therapeutics to dare to say that all was right which they professed, and all was wrong which the homœopaths professed, was an act of audacity which could only be excused by ignorance. The fact that he could not meet a Homœopath in the treatment of a case, was no reason why he should show the smallest intolerance to a man who was as competent as himself; who might turn out in the progress of science to be more true; and whom he knew from personal acquaintance be to as honest. He asked them to add another page to the history of toleration; to add another to the honourable records of that famous town; and he besought them to be true not to the worst, but to the best traditions of their honorable profession. The amendment was then put, and lost by 64 votes against 36, after which the original motion was passed.

In the meantime Dr. Dudgeon, the English translator of Hahnemann's Organon, comes out in a letter to the *Lancet* renouncing the name "Homœopath," and acknowledging that he avails himself of all the resources of therapeutics including homœopathy. If all the so-called homœopathists would follow the example of Dr. Dudgeon, and discontinue the assumption of a name intended to distinguish them from the general body of the profession, the objection to associating with them in societies, and to meeting them in consultation would soon fall to the ground. We are not sorry that this little episode has taken place, as such occurrences do more good in bringing about what is desired, than all the opposition that could be brought to bear. We have long held the opinion that the more homœopathy is opposed the stronger it will become. Give it a chance, drag it into the light of day; if there is truth in it, it will prevail, but if only a phantasm, it will not stand the test of science.

TEMPERATURE IN DISEASE.

In our last issue we translated passages from a French edition of Wunderlich illustrating the important results that may be arrived at by continuous daily observations in reference to temperature in disease; in the present, we give translations of passages bearing on this point. Wunderlich in his preface to the second edition of his work says, "A knowledge of the modification of temperature in disease is not only useful, but even indispensable to the physician. In effect, 1. Every morbid phenomenon requires to be known, and observed. 2. The temperature of the human body may be appreciated with precision. 3. It can neither be simulated, nor concealed. 4. Every rapid change of temperature gives instant reason for believing in the existence of a derangement or morbid change of some nature. 5. A certain degree of elevation of temperature is an indication of the febrile state. 6. The thermic increase is often proportionate to to the degree and gravity of the disease. 7. Thermometric observation subserves to the discovery and learning of the laws which govern the evolution of certain morbid forms. 8. In establishing the regular and normal progress of certain of these morbid forms, thermometry facilitates or sustains diagnosis in giving more precision and certainty. 9. Thermoscopic examination indicates with as much promptitude as precision, the changes which occur in the regular march of the disease. 10. The characteristics of temperature in the course of a disease make known exacerbations or amendments. 11. Thermometry may thus control therapeutic results. 12. It is susceptible of calling attention to noxious influences which may have acted upon patients in the course of their ailments. 13. It marks the transition from one morbid stage to another and notably in the period of diminution. 14. It enables us to recognize the moment when a cure is imminent and when it is accomplished. 15. It discovers the troubles of an irregular and imperfect convalescence. 16. It reveals also the

tendency of the disease towards a fatal issue. 17. It announces often with extreme precision the moment when all chance of restored health is lost, it points out in a word a fatal prognosis." From the second chapter "on the end and practical utility of Medical Thermometry" we make the following translation :—"It is with reason that modern medicine attaches the greatest importance to objective phenomena, and in particular to physical signs. Now the temperature of a patient is a part of the physical and objective signs of the disease. Thermometry is associated in the same order of diagnostic means as percussion, auscultation, etc., and consequently all the advantages attributed to these valuable methods of investigation are equally applicable to it. But thermometry surpasses even these methods in that it furnishes signs that may be called ponderable; that may be expressed and valued in figures, and consequently an indisputable diagnostic element, independent of the observer as well as of the exercise and delicacy of his senses, and which possesses a mathematical exactitude. Of all the morbid phenomena of which the human body can be the seat there are few which can resist so sure and true an examination.

The results obtained by the thermometer, have yet another advantage over those that the other methods of exploration furnish. Whilst these reveal to us only local modifications fixed and invariable, or scarcely susceptible of slow modification, the mensuration of temperature permits us to establish ephemeral and changeable conditions of which the normal oscillations are, it is true, trifling, but which, in disease presents departures and variations relatively enormous, indications of serious perturbations in the organism. Temperature then is a kind of graduated ladder not only reliable but sensible, serving to measure the intensity of morbid processes, which as yet have manifested themselves by no symptom, or at least reveal themselves only tardily and obscurely.

Besides these great advantages, thermometry possesses yet another which permits it to hold a special place in the physical means of observation. These in effect, apply only to the research of local lesion, whilst thermometry completes these insufficient indications in appreciating the recuperative phenomenon of the general state of the organism. Thus, thanks to the numerous materials furnished by an exact mensuration, thermometry opens to physicians a way, new and inaccessible to every other method of investigation, that is to say the pathological study of life.

HIGH TEMPERATURE.—Mr. Teale, of Scarborough England (*Lancet*,) reports a case in which the heat of the body reached the unprecedented temperature of 122°F. It was the case of a young lady who had been thrown from a horse and had two of her ribs fractured, and some injury to the spine. The ribs soon united, but in a short time afterwards, inflammation of the spinal membranes manifested itself, and the temperature began to to rise and in a few days marked 106°F., a few days later 110°, and from that up to 122°. The pulse was about 120. Several different thermometers were used, and one which measured 122° was specially provided; the temperature was taken both in the axilla and rectum. Ice to the spine and mercurial inunction were the chief remedies resorted to. The records were made in the most careful manner, and every effort put forth to prevent the possibility of error. From the above it would appear that the thermal limits of vitality of the tissues are liable to greater variation under certain circumstances than is generally supposed to be possible.

HARVARD STILL TO THE FRONT.—It will be observed by reference to our advertising columns that the Medical Department of Harvard University has taken another step forward. She has established an examination for admission, and on and after the year 1877 no student of medicine will be admitted to the classes without passing it, except holders of degrees in arts or sciences. The school has attained such a degree of success that she can safely venture on this important reform in medical education.

LIBEL SUIT.—Messrs. Cameron & McMichael of this city, have been instructed to take proceedings against us for libel, in publishing a letter in our last issue from Dr. Lavell charging one Mr. Franks with forgery. The solicitors for the plaintiff have shown us Mr. Franks' memorandum book in which are written the signature of Dr. Lavell and those of several other medical men of Kingston, Ottawa, &c., all of which appear to

us to be genuine. The signatures are without date, the book has an ancient look about it. It is quite likely that these signatures were obtained many years ago. Dr. Lavell may have forgotten the circumstance, Mr. Franks however had no authority to use Dr. Lavell's official signature as President of the College of Physicians and Surgeons of Ontario.

ACTION FOR MANSLAUGHTER.—A surgeon named Peacock of Nuneaton, a suburb of London, (*Lancet*) has been lately convicted and sentenced to six months imprisonment for having cut away 15 feet of intestine that protruded through a rent in the vagina, which occurred during the accouchment of his patient. The case was tried before Chief Justice Coleridge, and excited great interest. The Dr. was called to see the patient in her eleventh confinement at half-past ten p.m., the forceps were used and the child was born about 12 o'clock. After the birth of the child the Dr. cut away something with a pair of scissors which the patient said gave her great pain. He then left, saying she could not live. The woman died three quarters of an hour after he left, and the substance removed turned out to be 15 feet of intestine. The prosecution did not allege that violence was done by the forceps, but supposing spontaneous rupture to have occurred, it was contended that the surgeon, mistaking the intestine for the cord, used great force in pulling upon it and then cut it away, and that such treatment showed gross ignorance. It was contended in defence, that rupture might occur spontaneously, and both Dr. Barnes and Dr. Clay testified that the removal of the intestine would diminish shock and prolong life, although they condemned the rashness of the act. The Doctor bears a good character as a pupil and practitioner, and how he could have made such a fatal mistake it is difficult to understand. The worst construction that can be put upon the case is, that it was an error in judgment, and punishment, however severe, can never prevent errors in judgment in positions of great difficulty. We observe that measures are about to be taken with a view to obtain a remission of the sentence.

MEDICAL ELECTIONS.—In about another month the election of representatives to the Ontario Medical Council will take place. In some constituencies candidates are already in the field, while in others nothing has been apparently done as yet. We would again press upon our friends the importance of attending to these matters without delay We publish in another column the address of Dr. Allison of Bomanville to the medical electors of King's and Queen's Division. He is a strong candidate, and if elected will make an able representative. We have not yet heard of any opposition to his candidature. Dr. Coburn of Oshawa, the late representative has retired in his favour.

CINCHO-QUININE.—Cincho-Quinine is one of the most valuable additions which has been made to the materia medica during the past ten years. It was placed in the hands of physicians in 1869, and thousands of practitioners in all parts of the continent have used it extensively, and the testimony in its favor is decided and unequivocal.

It contains all the important alkaloidal principles of bark, cinchonine, cinchonidine, quinine, quinidine; the latter is believed to be a better anti-periodic than quinine; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

This agent is fast displacing quinine, as in addition to its superior efficacy as a tonic and antiperiodic, it has the following advantages which greatly increase its value to physicians.

1st. It exerts the full therapeutic influence of sulphate of quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the sulphate of quinine frequently does, and it produces much less constitutional disturbance. 2nd. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive woman or child. 3rd. It is *less costly*; the price will fluctuate with the rise and fall of barks, but will always be much less than the sulphate of quinine.

A statement was made before the American Pharmaceutical Association at Louisville, Ky., in August last, by Mr. Ebert, Druggist of Chicago, in which he denied that the agent Cincho-Quinine contained either quinine, quinidine, or cinchonidine. The manufacturers, Messrs Billings, Clapp & Co., in order to vindicate themselves have had several specimens analysed by some of the most

eminent chemists in the United States, the report of which will be found in a card published in another column, from which it will appear that the statement was without foundation in fact.

RESIGNATION OF DR. WORKMAN.—The vacancy caused by the resignation of Dr. Workman in the Lunatic Asylum, Toronto, is shortly to be filled. There are, we understand, quite a number of applicants for the position, although the names of only two or three have reached us at the time of writing. It will be found no easy matter, we apprehend, to secure the service of one who will be able to discharge the duties of this important office so ably and with such general satisfaction as did Dr. Workman. We feel quite certain, however, that the Government will endeavour, as far as possible to secure the best man available without reference to political or personal considerations. Among the names of candidates mentioned is that of Dr. Wallace of Spencerville, and we know of no better man for the position. He has had considerable experience in the old country asylums before coming to Canada, and if appointed he will, we have no doubt, discharge the duties required of him in the most satisfactory manner. He is long and favorably known to the profession in the eastern part of the Province, as a careful and successful practitioner, and an intelligent and reliable man. We trust his friends will urge his claims upon the attention of the Government.

SENTENCE OF DEATH.—Mr. Greaves, the seducer of a young lady in Brockville, Ont., and Dr. Eric B. Sparham, who, at the instance of the former, produced an abortion causing her death, have both been convicted, and sentenced to be hanged on the 23rd of June. It is not likely that the sentence will be carried out; but it will have a wholesome effect, by showing such miscreants the punishment they and others like them may expect, when they enter upon such a wicked course. We are pleased to observe that public sentiment is growing more and more decided in its condemnation of the crimes of seduction and abortion.

DR. ARNOLD AGAIN.—Dr. Arnold the notorious quack who had the benefit of a free advertisement in our columns a short time ago, has been getting into trouble with a patient in St. John, N.B. The particulars have not reached us yet.

TRINITY COLLEGE MEDICAL DEPARTMENT.—We publish herewith a list of the gentlemen who have passed their primary and final examinations in this University. The following is the list of gentlemen who have taken Degrees :—

M.B.—J. S. Atkinson, G. Baptie, J. C. Boullee, A. Bray, G. H. Burnham, A. B. Cook, J. R. Clark, E. J. Freel, T. Hobley, W. Kennedy, A. Leitch, A. Lynd, J. C. Mitchell, C. McLarty, W. Minaker, D. Nunan, N. A. Powell, E. W. Rae, G. S. Ryerson, G. P. Sylvester, M. D. Stark, A. J. Sinclair, J. D. Wilson, J. Wishart.

M.D.—T. W. Read, A. L. McLaren.

University, Gold Medal.—C. McLarty. University Silver Medal.—N. A. Powell. Medical Faculty Gold Medal.—G. P. Sylvester. Medical Faculty Silver Medal.—M. D. Stark.

The following gentlemen have passed their primary examination :—

W. A. Adams, W. J. Burns, T. B. Cosford, P. W. S. Canning, M. L. Davis, W. J. Douglass, W. C. Freeman, J. Fulton, W. W. Geikie, T. Heartwell, S. McArton, R. J. McKinnon, A. McCurdy, A. R. Pingle, J. Stalker, W. F. Strangway, W. T. Stuart, J. P. Sivewright, J. W. Smith, A. B. Taylor, L. Teskey.

Certificates of honour in the final branches —A. J. Sinclair, A. Leitch, J. C. Mitchell.

Certificates of honour in the primary branches—W. J. Douglass, J. Fulton, E. J. Freel, S. McArton, C. W. Stuart, J. P. Sivewright, J. Stalker.

First year's scholarship—Mr. — Bonnar. Second year's scholarship—Mr. W. T. Stuart.

Mr. McArton secures the recommendation of the Medical Faculty to the trustees of the Toronto General Hospital for appointment as one of the resident hospital assistants for a year.

VICTORIA MEDICAL SCHOOL.—The late faculty of the above school have awarded the following honours to their students examined by them as associate examiners in the late examination held in Trinity Medical School :—In Degree Examination —Gold Medalists—Messrs. Minaker and Cook; equal. Honor Certificate — Mr. T. Hobley. 2nd year Scholarship—Messrs. Strangway and Burns; equal. 1st. year Scholarship—Mr. Jamieson.

APPOINTMENTS.—Hugh E. Winters, Esq., M.D., of Dresden, Associate Coroner for the County of Kent. Forest Bell, Esq., M.D., of Amherstburg, Associate Coroner for the county of Essex. Edwin Penrose Irwin, Esq., of Newmarket, Associate Coroner for the county of York. Robert William Bell, Esq., M.D., of Carleton Place, Associate Coroner for the county of Lanark. James Alexander Sivewright, Esq., M.D., of Chatham, Associate Coroner for the county of Kent. Arthur Jukes Johnston, Esq., M.D., of Yorkville, Associate Coroner for the County of York.

HONORS TO CANADIAN STUDENTS.—We are pleased to announce that Drs. D. B. Fraser and W. H. Moorehouse, graduates of Trinity Medical College, Toronto, have successfully passed the examination before the Royal College of Physicians and Surgeons, Edinburgh, and have been admitted to membership in that body. In the examination for the double qualification which they passed, more than half of those who presented themselves were rejected.

We are also pleased to state that the prizes offered by Prof. A. B. Mott of Bellevue Medical College, New York, of $50 and $25 each, for the best reports of his clinique, were obtained by Dr. A. J. Reynolds of the Toronto School of Medicine, and Dr. N. A. Powell of Trinity Medical College, and were equally divided between them, their reports being considered by Dr. Mott of equal merit.

AMERICAN MEDICAL ASSOCIATION.—The annual meeting of the American Medical Association is to be held in Louisville, Ky., on the 4th inst. Invitations have been extended to many members of the profession in Canada, and it is to be hoped that as many as possible will endeavour to accept. We are informed that Dr. Botsford of St. John, N.B., President of the Canadian Medical Association, will attend as its representative.

COLLEGE OF PHYSICIANS & SURGEONS ONTARIO, PROFESSIONAL EXAMINATION.—One hundred and twenty candidates entered their names for examination. Fifty eight passed the final examination and obtained the licence to practise. Among the number is Mrs. J. K. Trout of Toronto; she is the first lady who has obtained the licence to practise Medicine in all the branches, in Ontario.

The following is a list of those who passed their final examination—J. R. Anderson, J. S. Atkinson, J. H. Bennett, J. R. Bratton, W. Britton, G. H. Burnham, J. W. Byam, K. H. L. Cameron, A. B. Carscallen, D. Cassels, J. H. Cotton, A. B. Cook, T. Covernton, A. B. Deynard, W. E. Dingman, J. Dorland, D. H. Dowsley, J. E. Eakins, E. J. Freel, A. Gabourey, T. Hobley, T. G. Holmes, J. L. Hopkins, J. Hunter, G. W. Jackes, W. H. Johnston, W. Kennedy, J. Lane, A. Leitch, R. B. Lesslie, J. Mattice, W. Minaker, J. C. Mitchell, S. S. Murray, J. McAlpine, J. O. McGregor, C. McLarty, A. McPhedran, T. Norton, D. Nunan, E. O'Neil, H. Park, S. Potter, N. A. Powell, R. F. Preston, J. Renwick, S. Richardson, W. D. Ross, A. Sanderson, A. Sinclair, G. R. Sylvester, R. J. Trimble, Mrs. J. K. Trout, L. Tuttle, J. White, J. D. Wilson, J. Wishart.

The following are the names of those who passed their primary examination—W. A. Adams, J. C. Birdsell, A. C. Bowerman, W. J. Burns, G. H. Case, W. Claxton, W. J. Douglas, D. M. Fisher, W. C. Freeman, J. Fulton, W. W. Geikie, T. M. Gilbert, J. L. Gracey, T. C. Greer, G. Gordon, T. Heartwell, M. S. Jackson, E. Jessop, H. J. Lackner, J. B. Murphy, S. McArton, G. McRae, A. McCurdy, G. R. McDonagh, H. A. McIlmoyle, R. McKinnon, A. S. Ogg, A. R. Pingle, T. Potter, N. D. Richards, G. S. Ryerson, L. Secord, J. P. Sivewright. J. W. Smith, F. S. Snider, J. Stalker, C. L. Stevenson, O. Stevenson, W. F. Strangway, W. T. Stuart, A. B. Taylor, R. S. Tyrrell, L. Teskey, J. McG. Yourex.

MARTRICULATION EXAMINATION.—The following gentlemen passed the Matriculation examination of the Council in April—S. McIlvaine, J. M. Forbes, John D. Bonnar, J. Algie, C. Sheard, R. Henwood, J. W. Sharpe, J. S. Hughes, J. McCrimmon.

PERSONAL.—Dr. Grant, of Ottawa, will accompany his Excellency Lord Dufferin as family physician during his visit to Europe.

Hon. Dr. Tupper, C.B., is about to remove to Ottawa to practise his profession.

Dr. Frank H. Hamilton has resigned the chair of Surgery in Bellevue Hospital Medical College, New York.

Births, Marriages and Deaths.

On the 14th ult., at the Manse, Birkhall, Co. Lambton, the wife of Hugh Ross M. D. of a daughter.

In this city, at the residence of the bride's mother, on Thursday, 15th ult., by the Rev. Mr. Kennedy, Dr. T. J. W. Burgess to Jessie, second daughter of the late Colonel Macpherson, of Whitby.

At Quebec on the 2nd ult., Dr. Wherry, from the effects of an over dose of chloroform.

On the 19th ult., Jane Somerville, the wife of Dr. Agnew, Toronto.

On the 7th ult., at Dickinson's Landing, Ont., of cancer, William H. Wagner, M.D., aged 61 years.

On the 21st ult., Susan Gertrude, beloved wife Dr. W. E. Ledyard, aged 23 years.

*** *The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps, with th communication.*

THE CANADA LANCET.

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Original Communications.

ACUTE MANIA.

BY STEPHEN LETT, M.D., ASST. PHYS. LUNATIC ASYLUM, LONDON, ONT.

I purpose this evening to occupy the time allotted to me, in drawing the attention of the Association to a class of cases, with regard to the treatment of which, my experience goes to show, that general practitioners through the country appear to be somewhat in error. I refer to Acute Mania and Melancholia arising from an exhausted brain: and here at the outset may I not ask the question, Are not all cases of acute mania and melancholia the offspring of an exhausted and ill-nourished brain? I think I may fairly answer this question, from my own observation of some hundreds of patients who have come under my care, as exemplified, not only by their history and condition when seen by me, but also as proved by the result of treatment; and I have no hesitation in saying, that debility in some form or other is the sole existing cause, with the exception of those cases arising from direct violence, leaving perhaps a depressed bone or other foreign body pressing upon the brain; for out of all who have come under my observation, I cannot recall one, either by notes or from memory, in which debility and exhaustion were not prominent. Such being the fact, permit me for a few moments to glance at the condition of an exhausted and ill-nourished brain, and point out some of the evil effects it produces upon the patient.

The brain being the great head-centre of nerve-force, and that force being required by, and distributed to, the various organs of the body, to enable them to carry out their allotted functions harmoniously, in order that the wear and tear of various tissues may be supplied by fresh formative material, and the disintegrated matter, which is of no further use, eliminated from the system, is it not therefore a matter of vital importance that this great head-centre of nerve-force should be maintained at a proper working standard? To do this, it, like other organs of the body, requires nourishment and rest; sleep is the great restorative to a tired brain, and when it is merely exhausted on account of the ordinary working, in a healthy condition of a well-nourished body, nature produces the required rest, and the tired organ becomes restored; but when the body is ill-nourished, or reduced from any cause, the brain also becomes ill-nourished and reduced; loss of sleep is the result, and if not recuperated, things go on from bad to worse, until an attack of acute mania or melancholia is developed. And why, some may ask, does insanity follow this state of sleeplessness? Because you have an exhausted condition of this great ganglion, acting irregularly, giving out irregular and feeble nerve-force, producing, of a necessity, irregular and feeble action in the various organs to which it is distributed, and they in turn acting back on the brain as irritants. The digestive organs become deranged; food is rejected, or if taken is not assimilated; the blood becomes impoverished, as well as polluted, from the absorption of effete matter, which should be cast out of the system by the various excreting organs; the heart, like the spurious contractions of a gravid uterus, racks and tears itself to pieces, without producing any good effects; the muscular coats of the blood-vessels, having their contractile power diminished, remain in a distended condition, pressing upon the brain, and in all probability exuding their impoverished and polluted fluid. Can any one therefore be surprised to find, that with so much poverty and irritation to the brain, insanity is the result?

Now as to treatment. I find, upon looking over and inquiring into the history of these patients, the medical attendant has seen and fully appreciated the indication to produce sleep; but to accomplish this end, what has been done? Why, the whole list of narcotics, sedatives and hypnotics has been gone through; in fact they have almost paralysed the brain, in order to produce quietude; not in a few instances I have found, that owing to the distended condition of the blood-vessels, the physician has considered it as a rush of blood to the head, and administered drastic purgatives, croton oil, elaterium, compound cathartic pill, etc., and even

blisters have been made use of. I need hardly point out to you the bad effects likely to follow this procedure. Sleep is seldom produced under the most powerful of the class of drugs above mentioned, and if it is, in many cases so much the worse for the patient, as the physician, being much elated with what he has done, continues to administer medicine for prolonged periods, and the already low condition of the vital powers is rendered still worse; the stomach becomes disordered, the patient refuses food; circulation is interfered with, and in course of time the cherished sleeping draught is administered with difficulty, during which a struggle takes place; the patient frequently becomes much excited, using up part of the little nerve-force he has left, and in some instances to such an extent, that sudden death takes place. In my opinion, as well as that of most asylum physicians, all medicines of the class of which I have spoken, when continued for prolonged periods, act deleteriously; and the best sedatives for such patients are stimulants, for, as I have shown, the apparent rush of blood to the head is not a plethora, but a condition of great exhaustion, and as has been pointed out, the primary cause of polluted and impoverished blood, forming a great source of irritation to the brain.

Taking these facts into consideration, a line of treatment is at once indicated; the brain must have rest and be nourished; for this purpose, stimulants, food and tonics are called for, whilst any agent having a tendency to reduce the system, must be strenuously avoided. Now the question arises, What stimulants would you make use of? Alcohol in some form or other is the one most to be relied upon; but (as I have been asked with no little surprise) would you give a raving maniac alcohol? Yes; I say give him whiskey, wine, ale, porter, or any other form of alcoholic stimulant you think will best be borne by the stomach, and instead of exciting your patient you will quiet him; he is weak, exhausted, and requires warmth and tone, which when supplied, he becomes less excited, and sleep is produced. I have frequently seen from an ounce and a-half to two ounces of good whiskey, made into hot toddy, and the patient put comfortably to bed, produce sleep more rapidly than forty or fifty grains of chloral hydrate, its character being more natural and prolonged, the temperature of the body raised, circulation becomes more regular, and usually a nice gentle action of the skin sets in, the patient awakens much refreshed, less excited, and in all probability evinces a desire for food. The most beneficial way to give stimulants, is in small quantities at intervals through the day; large doses at a time are hurtful, inasmuch as they cannot be made use of by the system, and are an incumbrance upon it. But stimulants without food are of no avail; the patient must have just so much, and no more, than can be assimilated; and for this purpose quality and not quantity are requisite. Beef-tea, the extracts of meat, eggs, milk, etc., are most useful; cod-liver oil, when it can be borne by the stomach, is excellent; tonics in the form of fresh air and out-door exercise when practicable, are useful adjuncts; sometimes a simple bitter or nerve tonic may prove of use; but in the majority of cases, the trouble of getting the patient to take it, produces more harm than the medicine does good. As I have already occupied your time longer than was my province, I will conclude this paper by recording one out of many cases, exemplifying this plan of treatment.

R. J., æt. 36, small, single, farmer, habits of life regular. Had an attack of mania seventeen years ago; no hereditary taint so far as known. Was admitted to the Asylum on 7th December, 1872, laboring under an attack of Acute Mania, of about ten days' duration. When seen by me he was nervous and depressed, though much excited, noisy and violent; tongue dry and parched, lips the same; eyes sunken and with a wild expression: pulse quick, small and irregular; circulation in the extremities stagnant; hands and feet blue and cold, even in a warm room; he had taken little or no nourishment for several days, and had not slept for over a week, although large doses of chloral and opium had been administered.

I put him in a warm room and gave him thirty grains of chloral; for a short time he remained quiet in bed, then he got up and commenced pounding at the door, shouting, and continued noisy all night; next day he took no food, save a few spoonfuls of beef-tea, about ten o'clock in the morning; was wild and excited all day; at night I increased his dose of chloral, but to no purpose; he was sleepless and noisy, and took little or no food the next day. In this condition he continued, when on the 10th I gave him ninety grains of chloral. Perhaps you will be a little surprised to hear that even this did not produce sleep; if anything, he was more restless than ever; at nine o'clock, the night at-

tendant found him standing in his room with his shirt off and torn into ribands, his bedding torn and scattered over the floor, his bedstead on its end up against the wall, and the patient praying and swearing at the top of his voice. He did not sleep, but occupied himself in shifting his bedstead from one place to another, and making a row generally, so much so that the other patients in the ward were kept awake all night.

Next night, at nine o'clock, I gave him a good tumblerful of hot toddy, containing 2 oz. of whiskey, with a little sugar and nutmeg in it. I then put him comfortably to bed, and in five minutes afterwards he was in a sound sleep, from which he did not awaken until four o'clock in the morning, at which time and until daylight he was perfectly quiet. He got up much refreshed, and partook of some breakfast (only a moderate quantity being allowed him); he remained quiet and slept a little during the morning, had a cup of beef-tea at ten o'clock, took nourishment again at dinner-time, had a little sago boiled in milk at three o'clock, had a small quantity of bread and milk at tea-time, after which he was put to bed; at nine o'clock I again gave him hot toddy, which produced similar results to the previous night. This routine was continued about a week, when I gave him in addition half-a-wineglass of port wine, with a teaspoonful of cod liver oil twice a-day. He slowly but steadily improved under this treatment, when in April, I discontinued the oil and wine, sent him out to work on the farm, and gave him a glass of ale at his dinner. In a short time I cut off the toddy at night; he continued to improve both bodily and mentally until the 18th September, when he was discharged, a strong, healthy and sound man, and in all probability has continued so ever since.

Here, then, is a typical case of the majority of acute maniacs, showing that debility, exhaustion, and depression of the vital powers, is what you have to contend with; and that stimulants, nourishment and tonics are the only appropriate remedies; whilst narcotics and sedatives are useless and contra-indicated, inasmuch as they tend to lower the vitality of the patient, which above all things you must not only maintain, but also increase, strengthen and support.

EXECUTION OF A QUACK.—Thomas Heap, (*Med. Press & Circular*) the man who was convicted of causing death by attempting abortion upon a patient, he at the same time being illegally practising as a surgeon, was hanged on Monday, April 19th, at Liverpool.

ON ABORTION.

BY ALFRED A. ANDREWS, M.D., WINDSOR, ONT.

(Read before the Western and St. Clair Med. Association.)

I have been requested to prepare and read before you, at this meeting, a paper on some subject connected with our profession; and, although the call was rather informal, I readily acceded to it, not because in a general way I feel competent to instruct you, but because I believe that no man of average ability (even the most inexperienced) can for weeks concentrate his consideration upon one special point without evolving some thoughts which may be new, and worth the attention of the most intelligent and erudite amongst us. The subject to which I call your attention is Abortion, which I shall glance at in three aspects:—1. Abortion, strictly professional. 2. Abortion, strictly pathological. 3. Abortion, felonious.

Of "professional abortion," my first case occurred about thirty years ago. It was a case of extreme pelvic deformity. On three previous occasions craniotomy had been had recourse to by three different practitioners; on the last occasion so extreme had been the violence to which she had been subjected, that vesico-vaginal fistula was one of the sad results. To avert the necessity of recurring to this horrid butchery, I consented to procure abortion. I now doubt if I was right in so doing. Were I now to be confronted with a similar case of well-ascertained extreme deformity, I would recommend, and so far as my ministrations were concerned, insist upon the woman submitting to the Cæsarean section, as the preferable alternative.

The next case that I submit to you was of a very different character. Here I do not doubt the propriety of my conduct. I know that I was wrong. It occurred about twenty-five years ago. A gentleman and lady called upon me to satisfy themselves whether or not she was pregnant. After due investigation, I gave a decision that she was. The lady was deeply moved, but quiet, though tears streamed down her cheeks; but I know of no word but agony, that will express the emotion her husband labored under. He called himself her murderer, entreated her pardon, and seemed beside himself. She strove to soothe and console him, and finally brought matters to the climax, by conjuring him, "After I am gone, don't allow any woman (she

was too kind to say stepmother) to illuse my darlings—our darlings; promise, for my sake, Charles." The scene was harrowing, and I gave way under it. I learned that she had already borne three children, then living, under circumstances of extreme peril, and that her medical attendant had assured them both, that if subjected to the same ordeal again, it was impossible she should survive. I saw and verified a letter from her former attendant, in which he urged that abortion was the sole means of averting otherwise inevitable death. The writer was a man of considerable wealth, of a social standing far above any that I have ever attained, and of great professional repute; but all these are not absolute proof of real ability. Great men are not always wise. I was not satisfied of the absolute necessity of the act, and yet I assumed the responsibility—undertook and effected abortion. "*Mea culpa!*" I was wrong, very wrong; responsibility cannot be delegated. Upon a subsequent occasion, when I came to know the lady better, I cheered her spirits, raised her hopes, and safely delivered her at term of a living child, with much less difficulty, danger or suffering than I have encountered in scores of cases.

I proceed now to speak of a different class of cases. I have sought for information about cases of this kind, but my resources in books being very limited, I have not found it; but I am strongly impressed that they are not very infrequent. I lay before you two cases, one successful, the other the reverse. I think they are worth your bearing in mind. Neither of these cases were actually under my care, though I write "*Ayant connaissance de cause.*" A lady living a happy life with her husband, had one grief—she was childless. Eleven different times, she had conceived and carried her child about seven months, when she was seized with a rigor and convulsive movements in the fœtus, and in a few weeks a putrid child was cast off. Upon the last occasion, minute microscopic examination was made, and the umbilical cord was found in a state of fatty degeneration. Assuming this to be the cause of the death of the child and consequent abortion, it was determined to anticipate her next annual abortion by effecting her delivery by professional abortion, before the death of the child should occur. It was effected, and "she that was barren was made to sing with joy." I have reason to think the child is still alive.

In the other case, the woman had, in a similar manner, aborted no less than fifteen times! An attempt was then made to follow in the track indicated by the preceding case. The child was born alive, but only survived an hour or so. Perhaps the proper time was not hit with sufficient exactitude; perhaps the child was not viable, or it may not have been attended with sufficient promptitude and skilful care, I know not, but I am of opinion that in cases of constantly recurring abortion at or about the seventh month, careful examination should be made of the condition of the cord, and if the appearances were such as I have described, I should (notwithstanding the failure in this last case) attempt to save the child.

With respect to accidental abortion, I have but very little to say; in fact I shall only offer one remark, and that with diffidence, and do not presume to speak authoritatively (and of course I speak of prophylactic treatment only). I should endeavor to ascertain whether the case was traumatic, or, what I may term pathological; and I place much less reliance upon the absolute rest usually enjoined and rely much more on the sustained continuous action of opium than is usually done. I believe the confining of a woman to bed for weeks (and I have known months ordered) leads to an accumulation of nervous, morbid vitality (irritability), that defeats the object sought to be attained.

Before proceeding to the 3rd class, "Felonious Abortion," I cannot refrain from commenting upon some extraordinary statements sworn to in a recent "murder trial" in this Province, that "Aloes has no tendency to produce abortion!" I should like to know upon what ground the gentleman has come to a conclusion, in direct opposition (as I believe) to the universal judgment of the profession. His next assertion is still more startling: "Not a medical man under the sun can produce abortion with safety." With due emphasis upon the qualification (with safety), I concede this proposition; but he goes on to say, "In nine cases out of ten, the medicine will kill the woman!!" "and if instruments were used, the most disastrous results would follow." I unhesitatingly affirm that I know this to be an exaggeration. Since I have been in Windsor, I have, in consultation, attended four cases of abortion, which I have a moral certainty were felonious. One escaped scot free; two narrowly escaped with their lives, and retributive death carried off the

fourth. These were consultation cases, and I dare say might have been proved, if I had felt that the duty of public prosecutor devolved upon me. But what of the scores of cases, where application has been made to me for this murderous act, and where I have refused my ministrations?

I have in my mind at this moment, one woman who offered me $100 to procure abortion for her. It is not often fees like that come in our way. I know she was pregnant. What became of the child? It has never been produced before the world. The inference is inevitable. It was murdered! From the number of applications made to me for this purpose, I estimate the number of these cases in Windsor, or rather Essex, at not less than fifty per annum. When we consider the terrible penalties inflicted by society on the female sex for incontinence, we need not wonder at the desperate efforts young girls make to escape them. The suicides with which the papers teem, and which wring the hearts of all but the most heartless, evince the struggles of blind desperation. When you are solicited to interfere for the relief of these poor wretches, pity them, pity them with your whole hearts; relieve them by any legitimate means within your power, but meet their entreaties with prompt, decided refusal. Do not discuss the point with them. Do you think I insult you, by implying that their tears and prayers might induce you to participate in a felony? Perhaps you indignantly exclaim, "Is thy servant a dog, that he should do this thing?" Patience, my dear friend; the temptation to do so is sometimes fearful. In a case of which I have minute knowledge, four households of the highest respectability were menaced with the utmost misery. Marriage was impossible; I must not tell you why. The poor child (for she was scarcely more than a child) protested that if not relieved, rather than disgrace her recently-married sister, and kill her mother, she would conceal her fault and avert exposure by suicide. Thank God, I have no confession to make in this case; I did not yield, but my heart bled when I refused her. "A city set on a hill cannot be hid," but "her poor health took her to a watering-place, about 170 miles from home, and she returned cured." Poor girl! Believe me, gentlemen, you may be subjected to severe temptation, but being forewarned, you must be forearmed.

As for the cases of married women, who, in order to shirk the responsibilities of maternity, seek to make you accomplices in a felony, you can have no difficulty. I have had hundreds of such applications. The crime of fœticide is fearfully prevalent, and rapidly increasing, and corrupting and debasing the country both morally and physically. Perhaps we are in a measure responsible for its increase. No doubt the proper dyke to restrain this flood of pollution is religion, and we are not called on to be preachers. True, but we are in a certain sense the sentries, upon whom the public relies for the purposes of hygiene.

This crime is destroying the community. It is worse than Typhus or Small-pox. How are we to restrain it? We cannot attack it in the public press, delicacy forbids that. Our assaults in the medical press would not reach those who need the instruction and warning. The pulpit is out of the question. Where is the clergyman who would dare preach a sermon upon the text, "Thou shalt do no murder" and make special, distinct, intelligible application of this text to this species of murder? I had for many years noted and wondered at the fact, that of the married women who sought my co-operation, nearly all were Protestants. Being myself a Protestant of the broadest Orange stripe, and not ready to acknowledge any marked moral inferiority in my co-religionists, I was for a long season puzzled, but I think the solution is this. The Pulpit is debarred, but the Roman Catholic Priesthood, have in their confessional an opportunity of instructing and warning their flock. Protestant women do not go there, but we, and we only, have the private confidential ear of the whole sex, and it is, I conceive our duty, to lose no opportunity of diffusing the information we possess in this regard. Let us purify the moral atmosphere. Let us make the whole sex know that it is murder, when the embryo is but four weeks old, as completely as if the nine months of fœtal life had been reached or passed. We have a duty to perform, and we have countless opportunities of doing it.

Treatment of Delirium Tremens.— Dr. D. H. Kitchen (*Amer. Jour. Insanity*, Jan., 1875), in an elaborate article upon delirium tremens, recommends the following as the most effective treatment: A generous diet is given, full doses of fluid extract of conium during the day to control muscular action, and during the evening hydrate of chloral with tincture of hyoscyamus, repeated until sleep is secured

TUMOR OF THE CHEST—OPERATION—RECOVERY.

UNDER THE CARE OF DR. CASSIDY, TORONTO GENERAL HOSPITAL.

(Reported by Dr. Sylvester, Galt, Ont.)

The following case which occurred in the Toronto General Hospital under Dr. Cassidy's charge, is rather a rare one, only few being mentioned in our text books, and at the Dr's. request I furnish you the facts of the case.

Wm. Hilder, æt. 29, laborer, came to the Hospital January, 25th as an extern, complaining of pain and a hard tumor on the right side, situated on the sixth and seventh ribs, midway between the spine and sternum. A casual examination was made by the Dr. that day, but he thought it better not to operate until a consultation could be had, which was on the following Friday. About 6 years ago he noticed a small hard tumor, about the size of a pea which was at first moveable; this kept on growing until about six weeks ago when it became painful and sore. Previous to this it caused no inconvenience; it had reached the size of a man's fist, and was quite hard and immovably attached to the sixth and seventh ribs. On the day of consultation it was diagnosed as an enchondroma, and an operation was deemed advisable. In performing this the Dr. made a horizontal incision over the tumor, dissected back over the margin on each side and got well down; he then introduced his fingers into the wound to feel for the pedicle and separate the surrounding tissues, and in doing this his finger accidently entered the right pleural cavity. The external air at once rushed in and completely filled that space, compressing the lung. This did not interfere with the operation, but with the bone pliers the tumor was nearly all removed, and it was found to be quite hollow, the centre having undergone fatty degeneration. The hemorrhage was very slight so that the wound was soon closed up and brought in apposition by plaster covering the whole surface.

On the following day the respirations were 40 and the pulse 120, right side tympanitic and also the abdomen. Poultices were applied to the wound, appetite good, but complains of considerable dyspnœa; vesicular murmur lost on the right side and puerile breathing on the left; this continued for a week or more when the pulse gradually lowered and respirations became less frequent. The right side became less resonant and the vesicular breathing returned gradually, being at first bronchial in character, and finally he was discharged in the course of about six weeks — wound completely closed and respiration on both sides normal. The treatment he received throughout was at first antiphlogistic and then tonic, with good nourishing diet; milk, beef tea &c. The case is a rare one and if you see fit you may give it room in the columns of the Lancet.

Correspondence.

GROSS VIOLATION OF ETHICS.

To the Editor of the CANADA LANCET.

SIR,—On the 16th of April, 1875, J. N. of Garafraxa, aged about 55, received a comminuted fracture of the tibia (below the middle) which I adjusted the same evening, dressing it in the usual way, he being three or four miles from home. On the 27th, having applied a starched bandage, I allowed him to be removed home where I visited him again on the 29th, removed the bandage, and finding the bone in its proper position and the swelling reduced I again dressed it with a starched bandage, interlarding the latter with paste-board, since which time the patient has continued to do well, being now able to go about on crutches. On the 11th inst., 26 days after the limb was set (union having taken place) Dr. ——, who, by the way, is a member of the College of Physicians and Surgeons of Ontario, of three years experience, met with the wife of the patient and enquired of her with regard to the treatment her husband was receiving, telling her "if the bandage did not extend above the knee the leg could not be right, and that he would be lame for life," whereupon she asked him to go in and see the leg, (as they were only a short distance from the patient's house at the time). He went in and very sagely opened up the limb, when he found all was right in the interior, union having taken place. He then reapplied the bandage, paste-board, &c., just as he found it, only extending it above the knee (which had to be removed in an hour or two on account of the pain it caused) and after pocketing the small sum of $10 as a reasonable remuneration for his

services on the occasion,went on his way rejoicing, and thinking, no doubt, he had done a good job for himself, and put an obstruction in my way. Now, sir, I have been practising physic, surgery, &c., the last sixteen years, during which time I have had my share of fractures and other surgical cases, and I never before had a doctor open or readjust a bandage on a patient of mine in my absence ; and I hope such an incident will never occur again. In this instance I have withheld the names of the parties, but should I ever be compelled to revert to such a disgraceful affair again, you may expect the names of all parties concerned.

Your's truly,

J. F. HALSTED.

May 18, 1875.

To the Editor of the CANADA LANCET.

SIR,—Inclosed you will find a hand-bill which speaks for itself, and I would ask you to publish it for the benefit of your numerous readers. At the same time I would draw the attention of Dr. Pyne to the qualifications of Professor Graham, as I am afraid there is some mistake—for a short time ago when the Professor was brought before the Police Magistrate for practising without being registered his counsel pointed to the name of W. H. Graham, Gilford, Co. Simcoe, as being his, and defied the Court to inflict a fine, as his name was duly registered.

PROF. WM. H. GRAHAM,

CORRESPONDING SECRETARY. MEDICAL AND SURGICAL INSTITUTE OF INDIANAPOLIS, TOLEDO AND ONTARIO.

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Opposite the Rankin House, Chatham, Ontario.

☞ *Special attention to diseases of the* HEART LUNGS *and all* FEMALE DISEASES. *Why does* DR. GRAHAM *have so many patients? the reason is obvious; he* CURES *the people and does not charge the farmer big prices these hard times.*

I am inclined to think that Dr. Graham, of Gilford will not feel at all flattered when he sees this flaming advertisment, if he is not the author of it, which respect for the College of Physicans and Surgeons of Ontario of which he is a licentiate, leads me to doubt,

Yours &c.,

M. D.

Chatham, May 19th 1875.

To the Editor of the CANADA LANCET.

Sir :—I find that my letter to you of April 1st, in reference to the circulars of Edward S. Franks, was written by me in entire forgetfulness of what had occurred here nearly eleven years ago.

It appears that Mr. Franks was at Kingston on the *21st., July, 1864*, and together with other medical men, I signed in a book belonging to Mr. Franks a request which had been prepared by him, that Mr. Franks would lecture at Kingston. Mr. Franks published a reply and gave a free lecture here. I must accept the blame of forgetting that such a request was signed by me in 1864, and as no date was appended to it in Mr. Frank's circular, it did not occur to me that it referred to anything of so old a date.

It will be noticed that the Circular has attached to our signatures our position in the "Royal College of Physicians and Surgeons." This Corporation had no existence in 1864. It appears by the Circular, to have been signed by Drs. Grant and Brouse, and as they were not in Kingston, and would not be interested in having Mr. Franks deliver a lecture here, I at once thought that the use of my name must have been without my authority. I did not authorize its being used in the way it now is. That no injustice may be done to Mr. Franks, and that I may accept the entire blame in the matter, so far as my name is concerned, I append hereto a copy of this request as published at the time by Mr. Franks, as I have lately ascertained by enquiry into the matter.

Yours, &c.,

M. LAVELL.

Kingston, May 8th, 1875.

ADDRESSES.

To the Medical Electors of King's & Queen's Division.

GENTLEMEN,—It has been my intention for the last twelve months (urged thereto by a number of my professional brethren) to offer myself as a candidate to represent this division in the Medical Council, provided that Dr. Coburn retired. Having just received a circular from him to that effect, I hasten to issue my address, and solicit your votes in the coming election.

After spending fifteen years in practice in Uxbridge, I have every confidence in my knowledge

as to what the requirements of the medical profession in Canada are, and I feel satisfied that I do not lack either the energy or perseverence to bring about such alterations and improvements as will work to our advantage.

As a proof of that energy and perseverence, I may say that I have been mainly instrumental in forming, (after three or four vain attempts) and bringing to its present crude state the "North Ontario Medical Association," which I believe is the only Medical Association in the Division.

If the honor of being your representative be mine, I will be happy to receive, and anxious to carry out, any suggestions or instructions you may honor me with.

I am, Gentlemen,
Your obedient servant,
JAMES JAGER HILLARY.

Uxbridge, May 1, 1875.

GENTLEMEN,—In accordance with the expressed wishes of a number of my professional brethren I am induced to offer myself as a candidate for the honor of representing you in the Medical Counci of Ontario. If elected I will be in favor of carrying out the provisions of the New Medical Act, in so far as they tend to the advancement of medical science, and the conservation of Medical interests in this country. I will also endeavor to have the present act so amended, as to secure the appointment of a public prosecutor, and the proper remuneration of medical witnesses. It is my opinion also, that, in cases of Malpractice, the time of bringing action should be limited to a period of six months after convalescence; and that three respectable medical men should be called to form part of the jury in trying the case.

I shall feel it my duty at as early a day as possible, to call the members of the profession together in this Division, for the purpose of organizing ourselves into an Electoral Division Association, and in this manner securing a properly legalized tariff for the whole Division.

As it will be impossible for me at present to visit the different sections in this Division, I may say in conclusion that if I am successful I shall ever strive to discharge my duties, as your representative, honorably, faithfully and with a proper regard for the dignity and welfare of our profession.

I have the honor to be, Gentlemen,
Your obedient Servant,
JOHN N. REID.

Thornhill, May 6, 1875.

Reports of Societies.

KING'S AND QUEEN'S ELECTORAL DIVISION.

A meeting of the members of the profession of King's and Queen's Division was held at McBride's hotel, York Mills, April 30, at 2 o'clock p.m.

Dr. John N. Reid moved that Dr. Langstaff, of Richmond Hill, act as chairman of this meeting. Dr. Rupert, of Maple, seconded the resolution, which was unanimously carried.

Dr. Langstaff having taken the chair, requested that a Secretary be appointed.

Moved by Dr. Armstrong, of Yorkville, and seconded by Dr. Rupert,—That Dr. McConnell, of Thornhill, be appointed Secretary of this Association.—Carried.

Dr. John N. Reid, in a few appropriate remarks, explained the object for which the meeting was called, viz., the organization of an Electoral Division Association. He further stated that he was not aware that any action had been taken in the matter by our present representative. This he stated to be an important duty, which had been grievously overlooked, and as the time was now at hand when the members of the profession would be called upon to cast their votes for a representative in the Medical Council, it was of the utmost importance that a gentleman should be chosen who would carefully attend to this and other matters pertaining to the interests of the profession. He further enlarged upon the great advantages the recent medical legislation had brought to those medical practitioners who had complied with its requirements, and concluded an interesting and instructive address, in stating that he entertained an earnest hope that the profession would avail themselves of these advantages.

Dr. Rupert followed, and in some particulars agreed with Dr. Reid, but argued that the present Bill was inoperative, inasmuch as there was no public prosecutor; and those practitioners who had taken upon themselves to enforce the law, had suffered so severely from the disapproval of the public, that it was disastrous—not only to their public, but their private and social reputation—to be in any way connected with a prosecution. He further urged that it was the duty of this section of the Division to bring out and warmly support Dr. John N. Reid, as the representative in the Medical

Council for the ensuing term. After having pressed upon the meeting the necessity of taking immediate action in framing a Provincial tariff as distinct from a Territorial, he urged that all other tariffs should be done away with, so soon as a proper understanding could be obtained from the Council on this most important subject. In conclusion, he moved,—That this meeting use their united influence to secure the return of Dr. Reid, as the representative in the Council for the ensuing term.

Dr. Playter, in a spirited address, going over the questions as above, seconded Dr. Rupert's resolution.

The vote being taken, proved unanimous; after which the chairman, Dr. Langstaff, expressed his hearty approval of the choice.

Dr. Allison, of Bowmanville, being called upon, expressed his great pleasure in meeting so many of his brethren of this Division; more especially did he feel pleased with the frank and amicable feeling that existed amongst the practitioners of this section. He was not aware that there was any other than himself seeking the honor of being representative in the Medical Council, but heartily endorsed the action of the meeting in bringing out Dr. Reid, and would be glad to have a gentleman of his ability as an opponent. He said that he was decidedly in favor of a public prosecutor, and if returned, would endeavor to have a clause introduced into the present Act to that effect. He further said that he considered it the duty of Parliament to direct that, in case or cases of suits-at-law for malpractice against regularly qualified practitioners, at least three of the jury in such cases should be taken from members of the College of Physicians and Surgeons of Ontario. That he was decidedly in favor of a Provincial tariff, with a maximum fee; the minimum not to be defined. That he was of opinion that the annual fee of $1, as assessment, was quite sufficient for the support of the Council. That the Examiners for the Council should be chosen from members of the College, outside of the Council. That he would strongly urge that the period of six months be the limit during which suits for malpractice be entered. In an address of about an hour, the above points were touched upon, and he concluded by stating that he was in the field, and hoped to be elected for this Division in the Medical Council.

The following resolutions were then submitted to the meeting:

Dr. Reid, seconded by Dr. Rupert, moved,—That in the opinion of this meeting, our representative in the Medical Council should be requested to call a meeting of the profession residing in this Division, at the earliest possible day; said meeting to be held in the city of Toronto, for the purpose of organizing an Electoral Division Association.—Carried.

Dr. Reid, seconded by Dr. Playter, moved,—That the Secretary be instructed to forward to Dr. Coburn, a copy of the above resolution, urging upon him the necessity of immediate action.—Carried.

Dr. Playter, seconded by Dr. Reid, moved,—That in the opinion of this meeting, it is desirable that some action be taken by the Council, at its next meeting, to alter the limit of this Division; thus enabling the whole of the practitioners therein living to meet together conveniently, for the discussion of matters affecting the interests of the Division.—Carried.

Dr. Armstrong, seconded by Dr. Allison, moved,—That the Secretary be requested to forward a copy of the minutes of this meeting to the LANCET, with the request that it might appear in its next number.—Carried.

A vote of thanks was given to the Chairman and Secretary, after which the meeting closed, to await the action of Dr. Coburn, as above mentioned.

A meeting of the medical profession of South Ontario and West Durham was held in Oshawa on the 14th ult. Dr. McGill was chosen President and Dr. Coburn, Secretary. Some steps were taken regarding the formation of a Territorial Medical Association for the Division. A discussion also took place in reference to certain proposed amendments to the Ontario Medical Act relating to actions for malpractice, &c. The meeting passed a vote approving of the candidature of Dr. Allison, of Bomanville, as a representative in the Medical Council and pledging him their warmest support.

WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The second meeting of this Society was held in Windsor on the 4th May, when the following gentlemen were present:—The President, Dr. Edwards of Strathroy, in the chair; Drs. Andrews,

Casgrain, Carney, Coventry, Chambers, Lambert, Metcalfe, and Aikman ; Windsor. Drs. Sivewright, Holmes and Bray; Chatham. Drs. King and Drake; Kingsville. Drs. Lambert and Quarry ; Amherstburgh. Drs. Bucke and McLean ; Sarnia. Drs. Nesbit and Langlois ; Sandwich. Dr. Thompson; Strathroy. Dr. Tye; Thamesville. Dr. Mathieson; Alvinston. Dr. Gaboury, Belle River ; and Drs. Borrowman and Gambell, of Detroit, by invitation.

The minutes of the last meeting were read, and after a few minor alterations in the Tariff which was ordered to be sent to the Registrar to secure the seal of the College, were adopted. Letters were read from Parke, Davis & Co., of Detroit, inviting the members of the Association to visit their laboratory, and also a number of pamphlets concerning new remedies manufactured by them, to which the Secretary replied thanking them for their favours ; from Henry C. Lea, of Philadelphia, enclosing a copy of the Obstetrical Journal of Great Britain and Ireland, to which the attention of the Society was called ; from Dr. Hoare, Vice-President for Middlesex, apologizing for not being present, in which he drew the attention of the association to some alterations necessary to be made in the Tariff. Also letters of apology were received from Drs. Brodie and McGraw, of Detroit, thanking the Secretary for their invitations but not being able to accept them owing to the meeting of the American Medical Association at the same time.

Dr. Andrews was now called upon to read his paper on abortion, which he did, and on motion a vote of thanks was tendered him for the same, and the Secretary was requested to forward it to the Canada "*Lancet*" for publication.

The Committee on By-laws and Medical Ethics not having reported, were given till next meeting to do so.

Dr. Sivewright read his paper on the "Essential Dignity of the Profession," and on concluding secured the thanks of the meeting for his interesting essay.

On motion the following gentlemen were appointed and promised to read papers at the next meeting, viz. : Dr. Walter Lambert, of Amherstburg ; Dr. Bucke, of Sarnia ; and Dr. Holmes, of Chatham. Dr. McLean, of Sarnia, also promised to introduce the subject of Scarlet Fever and its treatment for discussion.

The following gentlemen were appointed a Committee on Invitations, viz :—The President Vice-President for the County in which the next meeting is to be held, and the Secretary. Any member wishing to send out invitations to communicate the names to some member of this Committee.

A discussion on the influence which malaria exerts over disease in certain localities was entered into, Drs. McLean, Bucke, Holmes, Lambert, and others taking part.

Dr. Coventry, Vice-President for Essex, in a neat speech on behalf of his Windsor brethren, invited the members of the Association to a supper at the American house at 8 o'clock. Dr. Edwards accepted his kind invitation for the members from a distance. The meeting then adjourned till Wednesday the 4th August next, at 10 a.m., in Sarnia.

JNO. L. BRAY,
Secretary.

BRANT MEDICAL ASSOCIATION.

The Brant Medical Association, at its last quarterly meeting in April, requested Dr. Reginald Henwood, of Brantford, to become a candidate for the Erie and Niagara Division, at the approaching election for the Medical Council. Dr. Henwood has accepted, and is now in the field as a candidate.

Selected Articles.

THE NATURE OF PUERPERAL FEVER.

The debate on Puerperal Fever at the Obstretrical Society was opened by Mr. Spencer Wells in a paper of which we publish this week a full report. The time which Mr. Wells had at his disposal was so brief that it could not have been expected of him to discuss the evidence for or against any one of the many views which have been entertained with regard to the nature of what is called puerperal fever ; and he opened the debate by propounding a series of questions to be discussed without giving any definite answer to any one of those at least which relate to the etiology of the disease. Still, from the general tenor of his remarks and from his expressed opinion with reference to the value of antiseptics in the prevention of this affection, it appears evident that Mr. Wells

classes puerperal fever with pyæmia and septicæmia; for he believes that, by precautions similar to those inculcated by Lister in his antiseptic method of treating surgical injuries, lying-in hospitals may be rid of puerperal fever just as general hospitals have been rid of pyæmia by those means. In so far as the discussion has taken place, those who have taken part in it have abjured rather than maintained the view, once generally held, that puerperal fever is produced by a specific morbid poison; and Dr. Leishman, who until recently had been a supporter of that view, took occasion to make public the fact that he renounced the opinions he once entertained, and had come to the conclusion that puerperal fever was generally of a pyæmic or septicæmic character. A great difficulty in some minds in accepting the contagious or infectious theory of the disease has been the fact that many women have been exposed to the poison of scarlet fever, measles, or of decomposing animal matter, &c., during the puerperal state, and yet have not become affected with puerperal fever but have made a favorable recovery. Whatever be the value of this objection, there can be no doubt that a considerable number of the profession are led by it to discard the contagious character of the disease. The remarks of Dr. Newman cannot fail as an effective answer to this objection; for he pointed out that there are certain conditions which favour infection with the poison in the puerperal, just as there are certain conditions which predispose to infectious or malarious diseases in the non-puerperal state; and the causes of this predisposition in the puerperal state indicated by Dr. Newman are the very same conditions which act in a similar manner in the non-puerperal—namely, exposure to sewer gas in badly-drained houses, and depressing emotions. One other predisposing condition he named which is peculiar to the lying-in woman—the activity of the vital processes in the pregnant and puerperal state.

The well-worked-out statistics of Dr. Braxton Hicks bear strongly on the etiology of the affection, for in spite of the difficulty of tracing contagion in such a populous city as London, and especially amongst the poor, yet he pointed out that 89 or 90 per cent. of cases of puerperal fever could be traced to contagion from specific fevers or to decomposing materials in the uterus, thus leaving only 10 or 11 per cent. in which the cause was difficult to trace. We know but little of the action of contagium, septic matter, and decomposing animal matter on the blood when introduced into the body; but we do know that very important changes take place in that fluid in consequence of exposure to contagion, as in malignant small-pox, scarlet fever, &c., as well as in consequence of the introduction of septic or decomposing animal matter into a wound, or into a scratch received while performing an operation or a post-mortem examination. Whether the evil effects produced be due directly to the poison introduced from without, as is generally believed, or to the absorption of poison from the patient's own tissues, as Mr. Hutchinson holds is the case in septicæmia, or whether bacteria contribute in any way to the production of those fatal symptoms which frequently follow exposure to contagion or septic poison in the puerperal state, the question of importance is—Can these evil effects be prevented? In a large and populous city, where infectious disease is always present in some form or other, the lying-in woman not infrequently runs a risk of exposure to contagion. What are the measures that should be taken, and which would prove effectual for her protection? Mr. Spencer Wells suggests antiseptics and general sanitary measures. It is difficult to see how antiseptics can be effectually applied in lying-in cases, seeing that in the event of the slightest want of care they are liable to fail in their effects in cases where they are easy of application. General sanitary measures have done much for the lying-in woman, for we do not hear now of such epidemics as those described by Gordon and Armstrong; and they will yet do more when those reforms which are necessary to the health of our most populous districts shall have been perfected.—*The Lancet.*

TAR IN BRONCHIAL CATARRH AND WINTER-COUGH.

BY SIDNEY RINGER M.D., UNIVERSITY COL., LONDON.

The frequent and popular use of this remedy, both by the profession and by the laity, in France and Belgium, led us to try its effects. Patients so susceptible to cold, that they were obliged to remain indoors the whole winter, informed us that this remedy curtailed considerably the duration and lessened the severity of their catarrhal attacks, and that, by an occasional recourse to the tar, they became less prone to catch cold, and could more freely expose themselves to the weather, without incurring an attack. It will be seen that our observations confirm these statements.

We employed tar in two-grain doses, made into a pill, every three or four hours. From October to January, inclusive, we carefully watched its effects on twenty-five patients, whose ages varied from 34 to 70, the average being 44. All these patients had suffered for several years from winter-cough, lasting the whole winter. They were out-patients, and visited the hospital weekly, or oftener. Most of them were much exposed to the weather, while some were so ill, that they were obliged to stop work, and, therefore were less exposed.

These patients suffered from the symptoms common in winter-cough—paroxysmal and violent cough, the paroxysms lasting from two to ten minutes, and recurring ten or twelve times a day,

and, in the night, breaking their rest. The expectoration, frothy and slightly purulent, was generally rather abundant, amounting in some cases to half-a-pint or more in the day. The breathing was very short on exertion, but most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant ronchus, and occasionally a little bubbling ronchus at the base

These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and, in about three weeks, they were well enough to be discharged. The improvement was so decided, that the patients returned to their work; even those who had been confined to the house the whole winter. The cough and expectoration improved before the breathing. In several cases, the expectoration increased during the first three or four days; but its expulsion became easier, and with the improvement in the cough and expectoration, appetite and strength returned.

On discontinuing the tar, a relapse often occurred in a week or two, and the patients returned with a request for more of the same medicine, and then, a second time, the symptoms quickly subsided. We found it useless in bronchial asthma, and its effects were more evident in cases where expectoration and cough were more marked than dyspnœa.

We have no donbt that tar is a good, useful, perhaps not a striking remedy in these troublesome affections; and certainly it is more efficacious than the drugs generally employed.

It may be remarked, that tar is useful in the same cases for which the spray of ipecacuanha wine is serviceable. Th spray, we find, acts much more quickly, and, unlike tar, it lessens dyspnœa even before it improves cough or diminishes expectoration.

We have this year continued to carry on our observations with ipecacuanha wine spray, and with results confirmatory of the statements made in August last. We find, however, that some patients are very intolerant of ipecacuanha spray, which causes in them a good deal of irritation, and even tightness of breathing. It is advisable, therefore, at first to dilute the wine with one or two parts of water; a precaution especially needful for patients affected with much dyspnœa, with lividity; for the spray may for some hours intensify the difficulty of breathing, and lividity, so as to alarm the patient and friends.

It may not be much out of place to mention here that, in several cases, we have found the spray very serviceable in non-febrile inflammatory sore-throats, the mcuous membrane being swollen and very red. We have found it useful, too, in hoarseness from congestion of the vocal cords. Where the hoarseness has lasted a few days only, or one or two weeks, the spray often speedily cures; but, where the hoarseness has persisted three months or longer, the spray even improves the voice considerably, but some hoarseness remains.—*Brit. Med. Journal.*

ETHER AND CHLOROFORM.

Our Liverpool correspondent writes:—At the Royal Infirmary, on Tuesday last, the proceedings in the operating theatre were rendered more than usually interesting by the attendance of Dr. Fifield of Boston, United States, who, at the request of the surgical staff, demonstrated the American method of giving ether, instead of chloroform, as an anæsthetic. The operations, three in number, were the division of the tendo Achillis in both feet in a child, by Mr. Harrison; removal of a small adenoid tumour from the breast of a young woman by Mr. Hakes; and the removal of a diseased metatarsal bone from a boy about 8 years old by Mr. Banks. In each case, Dr. Fifield gave ether, using no other apparatus than a conical hollow sponge. Complete anæsthesia was produced in each case in from three to four minutes. Addressing the students and those assembled in the theatre, Dr. Fifield said: "That, although an American by birth, he had been educated in England and in Paris: had no prejudice either for or against chloroform, and had enjoyed ample opportunities of witnessing the use of both chloroform and ether. The latter he had given himself in thousands of cases; had seen it given in the hospitals of New York, Boston, and other towns in his own country, and had never seen or heard of a fatal result. He was greatly surprised on his arrival here to find that English surgeons still adhered to the use of chloroform, which in America was almost proscribed. The great superiority of ether was its perfect safety. The operator commenced and completed his task without the smallest anxiety as to the effect of the anæsthetic; whereas, when chloroform was used, it was impossible in spite of every precaution, to predict with certainty that the patient although in comparatively good health, might not, before or after the operation was finished, be found a lifeless corpse. As to the mode of administration, no expensive or complicated apparatus was necessary; nothing, in his opinion, was more suitable than a hollow conical sponge. It should be given at once freely; a lavish use of ether at first proved a saving of material in the long run. Etherisation presents three definitely marked stages; first, that of muscular relaxation; second, tetanic convulsive action; third, complete surgical anæsthesia, indicated by stertor, or what he called the 'snoring stage'; and, unless this stage was fully reached, there was risk of partial failure, so far as full insensibility to pain was concerned." We think it probable that the clear and forcible way in which Dr. Fifield has put the matter before the profession here will lead at least to a renewed trial of ether as a substitute for chloroform. In reply to our enquiry as to its adoption in obstetric practice in America, Dr. Fifield informed us that the employment of anæsthesia in labour was, he thought, gradually dying out in the States, many of the leading obstetricians believing that not

only did it produce a great liability to puerperal hæmorrhage, but that, when flooding occurred, the helpless and unconscious state of the anæsthetised woman rendered her incapable of responding to appeals to second by her own volition, attempts to cause uterine contraction. It is worthy of consideration, however, whether ether or chloroform, in their anæsthetic operation, are in all points precisely analogous during childbirth. In surgery, profound insensibility is indispensable; not so in all cases of labour; indeed, only so in exceptional cases. Partial etherisation either produces complete muscular relaxation or tetanic spasm, either of which conditions might unfavourably influence the course of parturition. Chloroform on the other hand, may, by careful management, be so administered as to produce and sustain for hours sufficient insensibility to render a tedious painful labor much easier of endurance. Moreover, we believe that, whatever may be the explanation, the observation of British accoucheurs has satisfied them that the parturient woman enjoys special exemption from the fatal effects of chloroform; no fatal case having yet been recorded in this country, and unless our memory fails us, Dr. Marion Sims has publicly stated that a similar immunity has been noticed amongst the parturient women in the United States.—*Brit. Med. Journnl.*

VILLATE'S MIXTURE AND ITS USES.

The introduction of Villate's mixture in surgical therapeutics is of recent origin. A French veterinary surgeon having stated that, with the use of this solution, he daily cured caries of bones in animals, and especially in the horse, Dr. Notta first thought of applying the remedy to the human subject, and in March, 1863, he published six observations. The celebrated Nelaton heard of the result, and gave it a trial in his extensive practise, both in the hospital and outside. His successes were such as to bring this new therapeutical agent to the notice of the medical world.

In March 1866, Dr. Notta published two memoirs confirmatory of these assertions, which proved to be worthy of a premium from the Academy of Medicine, and a reward of three thousand francs.

It was in January, 1829, that Villate, the author of this solution, made known his first successes.

In 1831, Mr. Miroud gives the formula of the mixture of Mr. Villate, and says: "I have had several times the opportunity of observing its salutary effects in cases of caries. I noticed that it hastened the exfoliation of the necrosed or carious parts, gave a more healthy appearance to discolored surfaces, and had a tendency to stop certain morbid exhalations.

During the ensuing ten years no mention is made of this preparation. Some practitioners used it, but never published the result of their observations.

Up to 1842 the operation on the horse for fistulous withers was very frequently performed; but from that time, and since the publication of some very good observations on the use of this mixture injected in the fistulas resulting from caries of the fibro-cartilage of the bone of the foot (javart cartilagineux), that operation was altogether put aside.

From this date the solution became generally known, and the reputation of a few eminent veterinary surgeons is due solely to the rapid cures obtained by the use of this preparation.

They employed it against denuded surfaces, fistulas, caries, necrosis, profuse secretions, catarrhs of the ear, and some skin diseases of long standing. They always observed that the greater the chronicity the more satisfactory was the result. Its use was to be kept up until complete recovery. Even in case where instruments had to be used for the removal of a large sequestrum, the topical application of this agent subsequent, as also previous to the operation, has always proved itself superior to all other known substances.

It has been used in caries of almost every bone and articulation of the body; in cold abscesses of the neck, deltoid region, back, superior third of the thigh; in fistulas resulting from abscesses by congestion; those of the lachrymal gland, of the anus, of tuberculous affections of the testicle, etc. Diluted in water, one part to ten, it is said to cure every case of gleet.

Though I'm inclined to believe that the efficacy of the mixture has been exaggerated by its advocates, still I do not doubt of the accuracy of the observations gathered and published, and think it a good addition to our therapeutics. Lately, in Paris, Dr. Polaillon cured several cases of chronic otorrhœa with this solution. The facts were so evident, the treatment so simple, that I concluded to use it in such cases, should I have an opportunity. During the last two years I have used it successfully four times; and in my researches, having failed to find any mention made by American physicans where this preparation had been used, I concluded to present to the Association my observations, with a few general remarks on the mixture.

The original formula of this solution, as first composed by Villate, is as follows:

℞. Liquoris plumbi subacetatis, ʒi.; zinci sulphatis, crystal, and cupri sulphatis, crystal, aa ʒss.; aceti vini albi, fl. ʒvjss. Mix. Dissolve the salts in the vinegar and add the subacetate of lead. Shake before using.

Dorvault, Bouchardat, and some other authors, put ʒviij. of vinegar instead of ʒvjss; but Dr. Notta does not think that this modification is of any advantage and prefers Villate's original formula.

It is very important that this preparation should be made as I stated. Druggists very often substitute for the white vinegar a solution of pyroligneou s acid, in which case the liquid acts like a power

ful caustic, and the patient can not bear its application. These two solutions can be very easily distinguished at first sight; when the pyroligneous acid is used, the solution, once settled has a bluish hue; but when prepared with the white-wine vinegar it has a greenish hue. This is a capital point, for surgeons have noticed a great difference in using both preparations on the same patient. The pyroligneous acid solution has produced excessive pains and serious symptoms of irritation and inflammation.

I do not understand the idea of Villate in combining such substances, for the result is a general decomposition.

Evidently the mixture of Villate owes its precious qualities in therapeutics to the presence of all those substances entering into its composition, and not to any special one to the exclusion of the others. Each of these salts tried alone acts more or less like an astringent or a caustic, but does not give the results; therefore, however strange seems to be the preparation, it is preferable not to modify it, as some have proposed to do.

The mixture of Villate, when first injected into a fistula, or applied to a wound, produces a sharp pain which may last an hour or more; but the patient soon becomes accustomed to it, and in a few days bears it without complaining. To avoid violent pains in nervous or irritable patients, it should be at first diluted with water, and the dilution gradually made stronger until they can bear it pure. The first injections determine inflammation in the parts coming in contact with the solution. Those inflammatory symptoms are generally limited. Suppuration is more abundant, but will soon diminish and stop entirely, which indicates a rapid process of cicatrization. In caries, flakes of bones will very often be washed out by the injections, or thrown out with the suppuration, but after their elimination the cure will soon follow.

Judging from the effects produced, the mixture of Villate seems to act as a mild caustic in stimulating the wounds, and sometimes in forming on the surface a thin eschar, or a false membrane, which, when removed, leaves a healthy and granulating tissue ready for cicatrization. This escharotic action in some cases may be too active, therefore it is necessary to watch the effects of the mixture, and not to allow it to remain in the bottom of wounds. The mixture of Villate could not be used, like tincture of iodine, in the treatment of cysts or circumscribed collections; in other words, in cavities not communicating with the exterior, into which more or less tincture of iodine can be safely injected. It is necessary that it should run out easily; it should, therefore, be employed only in the treatment of those cavites communicating with the exterior by means of fistulas.

The effects of these injections are local. Some authors, however, declare that when the injections stop profuse suppurations, the modifications brought over the local affections is such that the patients recuperate very fast, appetite and strength are restored, and they themselves call the attention of the surgeon to the change—Dr. R. R. HOPKINS, *in the New Orleans Med. and Surg. Journal.—Med. News Cin.*

ON THE TREATMENT OF THE DIARRHŒA OF TYPHOD FEVER.

A paper on this subject is published by George Johnson, M.D., F.R.S., in the *Practitioner*, for January 1875. Diarrhœa being one of the most frequent symptoms of the disease, as well as the most troublesome, its treatment forms a very important part of the management of typhoid fever. For a number of years the practice of attempts to arrest the frequent discharges by repeated doses of opiates and astringents was adopted, but in many cases the diarrhœa continued, and meanwhile the intestines were distended with gas, and the abdomen became tumid and tympanitic. Then the patients were tortured by the application of turpentine stupes to remove the tympanites.

Of late Dr. Johnston has changed his practice, having gradually arrived at the conclusion, that in the treatment of typhoid fever careful nursing and feeding are of primary importance, while, as a rule, no medicines of any kind are required, and when not required they are often worse than useless. As a rule, the fever patient at King's College Hospital has the "yellow mixture," which is simply coloured water, and, except an occasional dose of chloral to procure sleep, and a tonic during convalescence, Dr. Johnson gives no active medicines of any kind. He feeds his patient mainly with milk, with the addition of beef-tea and two raw eggs in the twenty-four hours, and he gives wine and brandy, pro re nata. For a time he adopted the method which has been strongly recommended, of giving repeated doses of diluted mineral acids, but he abandoned the practice, becoming convinced that the acids irritated the ulcerated mucus membrane, caused pain and griping, and often increased the diarrhœa.

Dr. Johnson thinks that the diarrhœa of a typhoid patient is often increased by his inability to digest the beef-tea and eggs which are too abundantly given. When we have reason to suspect that such is the case, it is well to keep the patient for a few days entirely upon milk, which contains all the elements required for the nutrition of the tissue in a form most easy of digestion.

With such as has here been recommended, Dr. Johnson is in every way satisfied. During the past year he had under his care in the hospital twenty-nine cases of fever; fifteen typhoid, and fourteen typhus. Some of the cases were severe,

but all were discharged well. To only one of these patients was opium given, and that was for the relief of an irritable condition of the bowels which remained after a severe attack of typhoid.—*Ex.—Cin. Med. News.*

DR. LOMBE ATTHILL, ON RETROVERSION OF THE GRAVID UTERUS.

In the treatment of retroversion of the gravid uterus, two indications are plainly indicated, one being to keep the bladder empty, the other to restore the uterus to its normal position. The former should always be effected by means of a long gum-elastic catheter, for an ordinary silver female catheter will often in these cases fail to reach the bladder, so greatly is the urethra elongated and displaced. The bladder being emptied, it is generally advisable to attempt reposition at once, unless, as in the case first narrated, great pain is caused by doing so, under which circumstance it is wiser to allow some hours first to elapse, care being taken to pass the catheter at short intervals.

In the majority of cases, especially if pregnancy has not advanced beyond the twelfth or thirteenth week, steady pressure exerted by means of two fingers introduced into the vagina, will be successful in raising the fundus, care being taken to make the pressure rather to one side, so as to avoid the promontory of the sacrum. Occasionally, however, you will fail to effect reposition by this means. When this is so you will sometimes succeed by introducing one of Dr. Barnes' india-rubber bags into the rectum, (*a*) distending it with water, while pressure is still exerted by the fingers in the vagina. If these efforts fail in raising the fundus above the brim, no resource remains but to bring on abortion. This under the circumstances is best effected by introducing a catheter or sound into the uterus, and if possible rupturing the membranes, but sometimes, in consequence of the os uteri having been forced up behind the pubes, the introduction of a catheter or sound is impossible, and then, as a last resource, an effort should be made to lessen the size of the uterus by tapping it through the rectum by means of a fine trocar or aspirator. This has been done several times successfully; the liquor amnii having been evacuated through the trocar, abortion followed, the patient subsequently recovering; but in all cases of retroversion the tendency to abortion is great, and occasionally peritonitis supervenes. Bear in mind that, in addition to abortion, the possible occurrence of peritonitis is to be dreaded, and death may ensue from this cause. Retroversion, therefore, of the gravid uterus is always to be looked on as an accident of a very serious nature.

But supposing you have succeeded in raising the fundus, the patient will still, under the most favourable circumstances, need care for a considerable time. It is essential to attend to the state of the bladder, and to pass the catheter at stated intervals till satisfied that the organ has regained its tone, and you must watch lest the fundus of the uterus fall down again into the pelvis. To lessen the risk of this occurring, and also with a view of counteracting the tendency to abortion. you should for some time confine the patient strictly to the recumbent posture. As the uterus enlarges, the risk of a relapse lessens, and after a time becomes impossible, but the tendency to abortion for a long times continues, and in a comparatively small percentage of cases does the patient reach the full time of pregnancy.

Before concluding my remarks on this subject, I must say a few words on the question of diagnosis. In all the cases which have come under my observation in which an error in diagnosis had been made, no sufficient examination appeared to have been instituted; thus, with respect to the patient whose case I am specially alluding to, the fact that she was suffering from retention of urine was not recognised, although the enormously distended bladder could be easily felt above the pubes. This negligence is quite inexcusable. But it is just possible than an ovarian or other tumour occupying Douglas' space might be mistaken for a retroverted uterus, even though an examination had been instituted, especially if it were large enough to press against the urethra and thus obstruct the flow of urine; but in such a case the symptoms of pregnancy will probably be wanting, and, moreover, a careful examination will detect the uterus, which, under such circumstances, would probably have been forced up above the pubes, lying anterior to the tumour. Any other tumour, such as that caused by the sudden escape of blood into the recto-vaginal *cul-de-sac*, may, in like manner, cause some perplexity. All doubts, however, will be dispelled if, on emptying the bladder, the uterus is found lying anterior to the tumour. Excusable errors in diagnosis, then, in cases of retroversion of the gravid uterus, are possible, but with ordinary care such should rarely, if ever, occur.—*Medical Press & Circular.*

SELECTION OF THE PROPER LEG IN TURNING.—Dr. Macdonald (*Edinburgh Medical Journal*, July 1874,) endorses the following observations of Fritsch: "If turning be properly done it matters not whether at the end the child is situated with its back forwards or backwards. If let alone the labor commonly terminates by the back rotating forwards during the passage of the body of the child, as a result of the natural mechanism in the small pelvis. It is recommended to seize the nearest foot in all cases and turn as carefully as possible, leaving all attempts to bring the child's dorsum forward, to the mechanism of delivery."—*Ibid.*

PUNCTURE OF THE BLADDER FOR RETENTION OF URINE.

The following case is reported as showing a very common mode of the primary treatment of urinary retention at the Boston hospital. A boy, fourteen years of age, fell off a pile of boards on the 14th of April, receiving a moderate contusion of the right hip. The next day he had retention, which was relieved after considerable difficulty with a catheter. He had more or less retention till he entered the hospital on the 24th, when it was complete. Repeated attempts had been made to introduce a catheter, but without success, and there was slight hæmorrhage from the urethra as a consequence. At this time he was suffering great pain, and the bladder was distended to the umbilicus.

Dr. Ingalls made no attempts at catheterization, but immediately punctured the bladder just above the pubes with the aspirator, and drew off three pints of alkaline urine, with complete relief to the patient. The pain being slight, no ether was used.

The next day the patient was catheterized once; after that he passed his water very well, with the help of an occasional opiate, or warm water enema. He was well on the 29th.

The treatment of retention by aspiration is an admirable one. The bladder is relieved; and the urethra is allowed to rest and recover from the temporary congestion, swelling, and tenderness which causes the retention. Generally only one, two, or three aspirations are required before the urethra regains its normal condition sufficiently to admit an instrument without much difficulty, unless there be a tight organic stricture. The relief is certain, the pain slight; and the danger is nothing, so far as is shown by the pretty large experience of this hospital. The operation may be repeated two or three times a day for several days with safety.—*Medical & Surgical Journal Boston.*

MEANS FOR RELIEVING CHRONIC PHTHISIS.

Dr. James Little contributes to the *Dublin Journal of Medical Science* for January an article on "the means most generally useful for relieving the cough, sweating and chronic dyspepsia of chronic phthisis." For the relief of the second condition, five grains of Dover's powders administered at bed-time will check phthisical sweating more frequently than any other remedy. Next to it is atropia or its sulphate, given in the form of a pill $\frac{1}{100}$ to $\frac{1}{80}$ of a grain. To prevent the great discomfort of the damp night dress, Dr. Little advises a large loose night dress of fine flannel.

For the relief of cough, Dr. L., advises a mixture of morphia, atropia, hydrocyanic acid and syrup of wild cherry. When the expectoration is very tenacious, this mixture does not answer as well as one containing small doses of iodide of potassium, with bicarbonate of sodium, hydrocyanic acid and compound tincture of chloroform. To this, small doses of tincture of opium may be added. This mixture may be taken at short intervals, and continued until the expectoration becomes easier.

In cases where great distress arises from the pain produced during violent coughing by the stretching of old pleuritic adhesions, the play of the diseased lung may be limited by adhesive straps. Dr. L., has used with success strips of dimity, five inches wide, and long enough to extend from sternum to spine. One or more may also be drawn across the shoulder, from the infra-scapular region behind to the mammary in front. Thus supported, the chest walls are no longer injured by the concussion of the cough, and the greatest relief follows. Chloral, to to the amount of ten grains in each dose or an opiate cough mixture, will render the effect more immediate, and permit a smaller quantity of opium to be employed. Chloral lozenges are also useful in the case of consumptives who are still going about. In the dyspepsia of phthisis, where there is simply a loss of appetite, the only combination that seems to give relief is that of strychnia, with phosphoric or hydrochloric acid. It may be given in an infusion of columbo or of orange. When, with the loss of appetite, there is a feeling of load after food, a dessert spoonful of pepsine wine, with ten minims, of dilute hydrochloric acid in a little water, after a meal, usually relieves. In pain, flatulence, cough and vomiting after meals, it must be given up for the time, and a regulated and rather spare diet, together with counter-irritation to the epigastrium, must be employed, together, if necessary, with some of the aperients which act on the upper part of the intestinal tract, and some of the medicines which are good against gastric catarrh.—*Phila. Med. Times.*

LIFE IN A SIX MONTHS' FŒTUS.—Dr. W. Atlee, (*Medical Times*, February, 1875,) reports the following case observed by himself, in 1845: At closest calculation, the period of gestation did not exceed six months. The very small child, being flaccid and apparently lifeless, was rolled in a cloth and laid one side. The placenta being removed, and mother made comfortable, he was asked the sex of the child. On unwrapping it, he observed a slight gasp, it was now laid in a bed of cotton wadding, and its grandmother took charge of it, feeding it by dropping milk into its mouth from the point of her finger. After being kept and fed in this way tor two weeks, it was first washed and dressed. At that time it weighed two and one-fourth pounds. It lived, and is now a beautiful and vigorous lady.—*Med. Review.*

TWO NEW DIFFERENTIAL SIGNS IN DISLOCATION OF THE SHOULDER.

In a clinical lecture recently delivered at Bellevue Hospital, Prof. Frank Hamilton gave the two following as new differential signs in dislocation of the shoulder:

Let us return to the consideration of the two special signs of shoulder-joint dislocation (liable to only one exception, as I shall hereafter explain), which I wish to add to those already given by surgical writers.

1. While the head of the humerus remains in its socket, if a rule be laid upon the outside of the arm from the shoulder to the elbow, it will not touch the acromion process, but will be distant from it at least half an inch, generally one inch or more. On the other hand, if the bone is removed from the socket, in whatever direction it may be displaced, whether forwards, downwards, or backwards, unless the shoulder is much swollen, the rule, placed in the manner above stated, will touch the acromion process.

2. If, standing behind the patient (in case of the right shoulder), the thumb and forefinger of the left hand is made to grasp the shoulder in such a manner as that the interdigital commissure shall rest upon the acromion process, just outside of the acromio-clavicular articulation; and if then the finger and thumb are dropped perpendicularly, the tip of the finger will (in case the head of the humerus is not dislocated) rest upon the centre of the round upper extremity of the humerus, as it projects in front of the acromion process, while the end of the thumb will rest upon the head of the humerus behind; but the head will be felt indistinctly by the thumb, for the reason that, instead of projecting as it does in front, it actually recedes a little beneath the acromion process. Up to this moment the surgeon may entertain some doubt whether he is actually grasping with his thumb and finger the head of the bone, but if he now moves the elbow of the injured limb forwards, so as to carry the head of the humerus backwards in its socket, he will feel it press strongly upon the thumb, and this will be conclusive. If a dislocation exists, the head of the bone cannot be felt in this situation, and by the thumb thus placed.

I have told you that both of these differential signs, in their application to shoulder-joint injuries, are liable to one exception. The phenomena would be the same so far as these two signs are concerned, whether there was a dislocation of the head of the humerus, or a fracture with displacement of the neck of the scapula. The latter accident must, therefore be first excluded by a careful application of the rules of diagnosis given in our treatises upon surgery; but that upon which you can most safely rely is the relative infrequency of the two accidents. It is doubtful whether a long and active surgical practice will ever furnish you with an example of fracture of the scapula, while you will meet with a great many cases of dislocation of the shoulder.—*Medical Record.—Peninsular Journal of Medicine.*

A PATHOGNOMONIC SYMPTOM OF THE MORIBUND CONDITION.

Dr. John Shrady, in a paper upon the "Moribund Condition," recently read before the Yorkville Medical Association, of this city, maintained that the earliest, and therefore the most valuable symptom of approaching death, was the up and down movement of the trachea; that the inferior laryngeal nerve, owing to a partial paralysis or impairment of its function, is concerned in this phenomenon, and sounds the first note of alarm that the medulla oblongata is invaded.

This trachæal symptom is particularly prominent in fatal cases of uræmic convulsions, opium poisoning, apoplexy and delirium tremens; the air then ceases to stimulate the glottis, the respiratory movements are impaired, and the lungs can no longer decarbonize the blood.

In pneumonia this symptom is of especial value, anticipating as it does, alarming changes in pulse and temperature, while in phthisis, the doctor has known it to be a precursor of death three weeks in advance. Its presence or absence in membranous croup, should be, in his opinion, an important element in the prognosis of tracheotomy.—*Medical Record.*

RESECTION OF THE ANKLE-JOINT.

Dr. Hamilton stated in his clinic that he was now satisfied after a long experience that, in compound dislocations at the ankle-joint, resection or amputation should be resorted to. He remarked that he had treated two or three cases successfully with the plaster of Paris dressing. But his experience was very decided that recoveries without resection or amputation were exceptional; therefore, as a rule, one or two inches of the tibia should be exsected. He exhibited a patient with this dislocation which had been treated with a plaster of Paris dressing. Gangrene had commenced, and the patient's condition very unfavorable. Dr. Hamilton removed about one and a half inches of the tibia. Two weeks after the operation the patient was much improved, and the indications are that the limb will be saved.

The plaster of Paris is used by some practitioners in this place in the treatment of Potts' disease. Two layers of the plaster applied, and made to encircle the body from the trochanters to the axillary spaces, with three or four pieces of sheet-zinc interposed between the layers of plaster parallel with the body.

This has proved an excellent dressing in the treatment of that formidable disease. Its cheapness recommends it, as Potts' disease often occurs among the poorer class, who are unable to purchase the costly apparatus that has hitherto been in general use.

Dr. Sayre contends that the morbid condition of the hip-joint disease, as well as Potts' is produced from local trouble, not in the least dependent upon constitutional vice.—*N. Y. Cor. Rich. and Louisville Med. Jour.*

EMPLOYMENT OF ASPIRATION IN INTESTINAL OBSTRUCTION.

In a note laid before the Académie des Sciences (*Gazette Hebdomadaire*, March 26), M. Demarquay states that the idea had occurred to him whether the same result that is obtained in gastro-enterotomy might not be attained by a simpler procedure which might be applied by any surgeon. When an obstacle suddenly opposes the course of the contents of the intestine, gas accumulates above the obstruction, producing tympanites, which is also accompanied by nausea and vomiting—the intestinal canal becoming paralysed by the excessive distension. If, then, at the commencement of the affection, before any local or general peritonitis has supervened, we are able to relieve the tympanites by an artificial removal of the gas, we find the intestinal movements are sometimes re-established, and with these a disappearance of the obstacle occurs. M. Demarquay has met with three cases. in which he has had recourse to this procedure with success.

He gives a summary account of the last of these cases. It occurred in a man aged twenty, who was admitted into his service on February 25 with all the signs of intestinal obstruction, the commencement of which dated from the 23rd. There were present nausea, mucous vomiting, considerable tympanites, restlessness, and suffocating paroxysms due to the thrusting up of the diaphragm. On the 26th the patient's condition was still more aggravated, and four intestinal punctures having been made—two on the right side and two on the left side—by means of Potain's capillary trocar, a large quantity of gas was drawn off by aspiration. The abdomen immediately became flaccid, to the great relief of the patient, and the noise of the motion of the gas in the canal, due to the re-establishment of the peristaltic action, was heard. As on the 27th there was still tympanites present, displaying the form of the convolutions of the intestine under the wall of the abdomen, a large quantity of gas and intestinal fluid were withdrawn by means of four additional punctures. In the course of that afternoon all symptoms of obstruction had disappeared.—*Med. Times and Gazette.*

CANCER CURERS; THE WAY THEY DO IT.

The following article on the tricks of cancer curers from the *Chicago Medical Examiner*, is worthy of perusal.

Cancer doctors have some "ways that are dark, and tricks that are vain," like Bret Harte's "Heathen Chinee." Their system appears to be the same in outline wherever the rascals exist, and is essentially as follows:

1. He who aspires to the dignity of a "Cancer Doctor," must provide himself with an efficient caustic, or set of caustics, which may be used in the form of a powder, paste or plaster.

2. The quack must disguise the articles by suitable coloring materials, and stoutly deny that they are caustics.

3. He must advertise largely that the great Dr. Tumorsmash will "take out the cancers without the use of knife or caustic, and without pain," and guarantee the cure.

4. When the patients flock in, he must pronounce everything a cancer, whether it be a wart, corn, fatty tumor, ulcer, necrosis, sarcoma, or what not.

Now he is ready, and his success will depend upon his enterprise in carrying out the plan.

Honest John Leatherhead, the shoemaker, has observed a lump upon the surface of his thigh, in fact an encysted tumor. It gets in the way of his lapstone, gets hit with his pegging hammer, and, when it is hammered too much, becomes swollen and tender. Mrs. Leatherhead has read Dr. Tumorsmash's handbill, and advises John to go and see him. John, who has eyed the swelling for many a month with fear and suspicion, determines to have a talk with the great man, especially as his "consultations are free." He dresses in his best, and presents himself. The quack views him from head to foot, and draws him out in conversation, to gauge the "size of his pile." He then looks at the encysted tumor, and, with solemn and ponderous dignity, pronounces it a cancer of the most malignant type. John turns pale, and his leather head shakes on his shoulders. Can he be cured? Yes, says Dr. Tumorsmash, but it will cost 500 dols. Leatherhead pleads poverty, but finally pays 100 dols. in advance for a guaranteed cure.

"I believe you take out cancers without pain," says he. "Certainly," replies the quack, "that I always do. However, I must put you under a course of preliminary treatment for a few days. This preliminary treatment is a little painful, but you can bear it, and then I will remove the tumor without the slightest suffering."

Dr. Tumorsmash now administers a good dose of morphine; next he surrounds the tumor with a circle of adhesive plaster to protect the adjacent skin, and claps on his caustic. This hurts severely, but then it is only "preliminary treatment," and

meanwhile he plies the morphine vigorously to keep Leatherhead as quiet as possible. After a proper number of hours, when he judges that he has produced a sufficiently deep slough, he removes the caustic and applies poultices. The pain now ceases, and the poultices are continued until the eschar is fully separated from the living flesh. Now the quack is ready for his grand operation of removing the tumour "without pain." The patient's friends assemble, the poultice is removed. and the surface sponged clean. Dr. Tumorsmash discourses as follows: "My friends, I have called you in to see one of the triumphs of modern science. If you look at this tumor, you will see how wonderfully my medicine discriminates between the cancer and the natural flesh. Look at this deep groove (pointing to the line of demarcation). That was the boundary of the cancer, and you see that this wonderful remedy has followed the disease everywhere exactly up to that line, and has nowhere gone a hair beyond it. It has the property of killing the cancer to its remotest roots, and has no effect on healthy flesh. I will now proceed to remove it." Suiting the action to the word, he gracefully seizes the rotten mass with his forceps, and lifts it out of its cavity "without pain."

Leatherhead is amazed, and profoundly grateful. In the course of three months the ulcer is healed, and for the rest of his life he and Mrs. Leatherhead never weary of sounding the praises of Dr. Tumorsmash.

A medical friend of mine once went to St. Louis to see a "Cancer Doctor," who, by dint of much advertising, had gathered a great array of patients from the whole West, and was doing a magnificent business. My friend began to negotiate with him to buy his secret.

The quack was willing to sell for a good price, and took him around to see his patients. There was a legion of them. Some had encysted tumors, some fatty tumors, some warts and moles, and some chronic ulcers, etc.; but in all that collection there were only three or four cancers. After returning to the hotel, the two sat down to smoke and talk together. Said my friend, "We have been around and seen a great number of cases, now how many of them do you call cancer?" The quack replied, "Oh, well, I *call* them all cancer, but of course you and I know that only three or four of them are really so. If you recall my conversation, you will remember that I did not promise those particular patients a cure, but the rest of them I shall cure to a certainty."

Aside from the energy of his advertising, the reputation of the "Cancer Doctor" depends on the fact that the great majority of the tumors under his treatment are innocent, and of course will not return after they are removed."

EXSECTIONS OF THE HIP BY PROF. SAYRE.

Prof. Sayre of New York has lately performed his fifty-fifth and fifty sixth hip-joint exsections,—both in the same week. The first was made in Brooklyn, in the presence of Prof. Gross and both the Pancoasts of Philadelphia, who chanced to be in town. The case was a desparate one, and ought really to have been operated on two years ago. Dr. Sayre first saw the child, who was seven years of age, about two months before the date of exsection, but had unavoidably obliged to delay operating from time to time.

During March a profuse and obstinate diarrhœa had set in, and emaciation was now extreme; so that there seemed a very slim chance of saving the little patient; which, indeed, could only possibly be done by operative interference. At the time of the operation he was almost *in articulo mortis*, and at one stage of the proceedings he ceased to breathe, and it was thought that he was actually dead. Prof. Gross, however, who held the pulse, noticed that the heart did not altogether stop beating. The table was inclined (so as to depress the head) until the completion of the operation; the mouth was constantly moistened with ammonia, and finally the patient began to revive. The destruction of tissue in this case was very extensive.

Dr. Sayre at first thought the acetabulum was not perforated, but soon discovered that it was, and that the head of the femur, already detached, plugged up the large hole through it. When this was removed, an enormous quantity of pus gushed forth; which was exceedingly fetid, from its having been in such proximity to the sigmoid flexure of the colon. There was no less than three sinuses whose external orifices were above Poupart's ligament. We are happy to say that the child began to improve immediately after the operation, and is now doing exceedingly well; which goes to prove the truth of the remark that Dr. Sayre often makes, that his most hopeless cases often turn out the best in the end. He certainly could not wish for a more hopeless one than the above.

The second case was operated upon at his clinic at Bellevue College, and on this occasion a patient on whom he had performed exsection of the hip-joint just two months before was presented to the class. The little fellow was certainly wonderfully improved, and the father said he had gained about ten pounds since the operation. He was now taken out of the "wire breeches," in which he had been kept ever since then, and it was found that the lower extremity of the affected side was already quite as long as the sound limb. A long steel splint, reaching just above the hip, was then applied, and the patient allowed to walk about freely.

The new case was a little girl of five, in whom the disease had existed for two years and had now reached the third stage. She was in much better condition than either of the other patients, being, in fact, quite fat. The acetabulum was not perforated. After the operation she was placed in the same apparatus which had just been "shed" by No. 54, as both children were of about the same height. This case is also doing well.

Since Prof. Sayre's unjust removal from the position of attending surgeon to the Bellevue Hospital last summer, his clinics at the college have been constantly increasing in interest and importance, and his material is now so abundant that he can never succeed in bringing before the class half the patients that present themselves. A very good idea of the number and variety he *does* present, however, may be obtained from the verbatim report of one of his ordinary clinics, published in the *Philadelphia Medical Times* of April 10. After the publication of his clinical lecture on hip-joint disease in the Putnam's series, a number of gentlemen expressed their surprise that he should be able to get together on the same day three cases illustrating the three stages of the disease; but this was entirely an accidental occurrence, and is by no means uncommon at his clinics.—*Com.—Philadelphia Med. Times.*

Utero-Gastrotomy.—At a recent meeting of the Medical Society of New York, Dr. Marion Sims made some remarks on utero-gastrotomy—the removal of large uterine fibroids by abdominal section. The operation, he said, stood where ovariotomy did twenty years ago; it had opposition to encounter, and would doubtless achieve the same victory. In America, it had been performed successfully by Kimball, Burnham, Boyd, Storer, and Darby; in England, by Charles Clay, Fletcher, and Lawson Tait. Koeberle of Strasburg cured four out of six cases; while Péan of Paris gives the minute histories of eleven cases, with seven cures; and his pupil Urdy says that the whole number of Péan's operations up to the present time is twenty, with fifteen cures. Dr. Sims had recently operated twice for the removal of the uterus, with large fibroid, by abdominal section. The patient was in a feeble state from excessive loss of blood. During the separation of a large fold of intestine from the surface of the tumour, the capsule of the tumor was torn up, large venous sinuses were opened, and the patient suddenly lost about sixteen ounces of blood. She never rallied, and died from the shock and loss of blood in thirty-five or forty minutes after the operation. The second patient was thought to be a favourable case for operation. It was done on November 9th, according to Péan's method. The patient died in seventy-six hours, of septicæmia. Examination *post mortem* showed the pedicle in a sloughing condition below the wire clamp, the slough extending along the line of incision in the abdominal parietes, and on top of the bladder, and in the broad ligament. There were eighteen ounces of bloody serum in the peritoneal cavity. Péan's method of operating is to make a pedicle of the supravaginal portion of the cervix, and to draw this out through the lower edge of the abdominal section by clamp, as in ovariotomy. He transfixes the cervix by a double wire, ties one on each side of the cervix, enclosing the broad ligament on its respective side in the wire. Dr. Sims employed Péan's method in both his cases, but would not use it again; but he advocated the use of the actual cautery. He exhibited a clamp *ecraseur* on the principle of Nott's (and Isaac E. Taylor's), by which he would compress the broad ligament on one side near the body of the uterus, and then sever the ligament with the cautery down to its junction with the cervix. The same method is to be followed on the side, and then it only remains to cut the tumor from the supravaginal cervix, and cauterise the surface. The several cauterised portions are then dropped into the peritoneal cavity, when, in spite of the eschar, they unite at once by adhesive inflammation to the surfaces with which they lie in contact. Dr. Sims exhibited an automatic alcohol blowpipe for heating the cautery irons. Dr. E. M. Moore of Rochester, last summer had a case of uterine fibroid on which he operated successfully, in which the tumor weighed seventeen pounds. The operation was a modification of the one introduced by Dr. Miner of Buffalo, in cases of ovariotomy, and called by him ovariotomy by enucleation. In this case a pedicle was created by separating a portion of the serous membrane from the surface of the uterus and tumor, and bringing it into the abdominal wound, where it was retained, as in ovariotomy, and formed a cup which received the blood which might escape, and the discharges, and thus prevented their entrance into the abdominal cavity. Dr. Peaslee of New York had seen but two cases in which he thought the operation was advisable; but did not wish to be understood as opposing it. He was perfectly willing to undertake it when the indications were fulfillled.—*New York Medical Record.—Brit. Med. Journal.*

Salicylic Acid as a Disinfectant.—This agent has been recently introduced into the surgical department, and serves a much better purpose than carbolic acid. The great advantage it possesses is, that it is destitute of odor, while it thoroughly deodorizes all discharges that it comes in contact with. It is used in solution directly to the granulating surface by means of a syringe or irrigator. The solution is made by combining and dissolving the following: Salicylic acid, one part; phosphate of soda, three parts; water, one hundred parts.—*N. Y. Med. Journal.*

REMOVAL OF A FOREIGN BODY BY THE OPERATION OF PHARYNGOTOMY.

BY W. I. WHEELER, F.R.C.S.I.

(Read before the Surgical Society of Ireland, March 19.)

* * * John O'Brien, æt. 45, married, a large man, in robust health, by occupation a farmer, residing in the County Leitrim, was admitted into the City of Dublin Hospital on Tuesday, November 10th, 1874, under my care, having been sent to me by my friend and former fellow-student, Dr. Palmer. At the time of his admission his face was full and flushed, with slightly injected conjunctiva, and there was a huskiness of voice not unlike that of acute laryngitis. From one corner of his mouth hung a strong black thread, which was fastened round the left ear. He states that on the Sunday previous, that is two days before his admission, he had been sewing a button on his trousers, and having put the needle into his mouth, eye formost, it slipped down. He endeavoured to withdraw it by the thread, but it seemed to him to fasten it tighter, for the obvious reason that he was embedding the point more firmly. On examining his throat with the laryngoscope I was able to detect the exact position of the needle, being somewhat obliquely situated, the eye-end being buried in the left palato-pharyngeus muscle, the point in the left arytenoid cartilage. At a subsequent period this diagnosis was confirmed by Dr. R. McDonnell, who kindly examined the patient with the laryngoscope for me.

Intense anxiety was depicted on the countenance of the man; he could not swallow anything but fluids. Before his admission Dr. Palmer had tried to extract the needle, and also Dr. Little of the Sligo Infirmary. I endeavoured on the night of his admission to extract the needle, but without success, and although I believe on one occasion I caught it with the forceps, it slipped through the blades. I ordered him ice to suck, and made slight traction on the thread by fastening it to the cheek by means of adhesive plaster. On the following day, the 11th November, I called a consultation of my colleagues, and with the assistance of Mr. Tuffnell (President of the Royal College of Surgeons) and Mr. Arthur Baker, both of whom attended, I tried again to remove the needle but without success. I had procured different kinds of forceps for the purpose, and have to thank Mr. Butcher for lending me an instrument whose blades opened antero-posteriorly, which I thought might have been useful. After some attempts to withdraw the needle the patient suffered considerable laryngeal distress, and I determined not to again try its removal for some days, until the symptoms ascribable to the endeavours at removing it had subsided. Ordered ice to suck, and to inhale the steam of warm water.

12th November.—The great laryngeal distress he suffered from in the night had considerably subsided. Ice continued; diet, milk and beef-tea.

On the 15th I again endeavoured to withdraw the needle, and had an eye or loop put on the external surface of one of the blades of the forceps, in order that the thread, to which I had added a portion of hempen ligature, to make it longer, might run through the eye, and thus direct the forceps to the needle. The needle had, however, been so completely and firmly embedded that it was impossible to catch it. I next tried the thread through a catheter with the eye in the end (kindly lent to me by Mr. Tuffnell), hoping by this means to depress and dislodge one side or end of the needle. This was likewise unsuccessful. I contemplated dividing the needle, and to try the effect of magnetism, but I abandoned these ideas for reasons obvious.

17th November.—Up to this date the patient had not swallowed any solid food from the day of the accident, and had got considerably thinner, and pale and haggard looking. Occasionally he suffered considerable pain, which caused him sleepless nights, being not only where the foreign body was situated, but even up the side of his head, and in his ear; the patient did not suffer so much laryngeal irritation after this trial at removal, and it was wonderful to witness the great toleration of the patient to these trials to relieve him.

Having tried every means possible for the extraction of the needle without operating and opening the gullet, I felt from the condition of the patient, his increasing weakness, the anxiety he was suffering, the occasional intense pain, added to his numerous and constant importunities to relieve him and cut it out, there was no other means at my command but to perform pharyngotomy. After due deliberation with my colleagues, Mr. Tuffnell and Mr. Barker, who on every occasion I required most kindly attended and assisted me, I determined to operate, and on Monday, the 23rd of November, I proceeded in the following manner, before a large class of students and several distinguished surgeons of Dublin.

The man being placed on the operating table in the theatre, was put under the influence of chloroform. I made my incision on the left side of the neck, commencing from the body of the os hyoides to the superior margin of the cricoid cartilage; through the integument and fascia a small vessel sprung, most probably the sterno-mastoid branch of the superior thyroid artery, which I quickly ligatured. Each layer of fascia I took up on a director, and cautiously divided; the common external and internal carotid arteries now came into view, also the superior thyroid artery and superior laryngeal nerve, with a few descending

filaments from the ninth nerve. I now separated the attachment of the omo-hyoid muscle. The chloroform, which was administered by Mr. Gardiner, the senior resident, was now discontinued. The vessels Mr. Butcher was good enough to retract for me, and kept them to the outside. I now passed a staff, as originally recommended by Vacea-Berlinghieri, into the mouth and pharynx. Mr. Tuffnell, to whom I handed it, caused it to bulge the pharynx to the left side, and at this prominent point I made a small incision sufficient to allow in the top of my index finger. The staff was now withdrawn, and I enlarged with my fingers the opening already made in a direction upwards and downwards. I now passed my finger behind the ala of the thyroid cartilage, and endeavoured to feel for the needle which I was unable to find. I next passed in a small forceps on the palmar aspect of my left index finger to the situation I knew the needle was, but could not get it. Failing this, I passed my left fore-finger upwards towards the mouth and brought the thread attached to the needle from the mouth through the wound. I followed the course of the thread, but the needle was entirely embedded in the soft structures. I now scraped through the tissues with my nail, and came on the needle by slight traction on the thread, and grasping the needle with the forceps before mentioned, I withdrew the needle, to my great gratification and relief of the patient. During the period I was abstracting the needle the patient suffered great dyspnœa, his face was congested, eyes protruding, the perspiration was pouring off his face, and to the unitiated it would appear as if dissolution was near at hand. I put no sutures in the gullet, but the edges of the wound I brought towards one another with a few points of carbolic suture. The man was speedily conveyed to bed, a piece of lint soaked in carbolic oil was laid over the wound, a poultice of bread and milk placed over the abdomen, to be renewed in four hours. Nutritive enemata to be administered during the day, ice to suck, &c., and a sponge soaked in iced milk was occasionally squeezed on his lips.

I saw him in four hours after the operation : the expression of anxiety had left his countenance ; he expressed himself relieved ; some of the milk given by means of the sponge and in teaspoonfuls came out through the wound, but the greater part followed the natural course to the stomach.

On the 24th he was doing well ; had some sleep.

25th November.—Had a rigor ; temperature 100° ; the edges of the wound slightly inflamed ; an abscess formed in the incision, which discharged itself through it, as I had taken the precaution not to draw the edges together, as such was likely to follow.

On the 6th of December the fluid ceased to come through the wound, and he was discharged from the hospital perfectly recovered on the 19th of December, 1874.

The points of practical interest appear to me as follows :

1. To arrest hæmorrhage from the small vessels necessarily severed immediately, so as not to obscure any of the parts to be divided, which should be well examined before being cut.
2. To have the vessels well retracted.
3. To have a staff put into the pharynx from the mouth to make it bulge.
4. Not to pass a knife into the pharynx to enlarge the opening up and down, as recommended by Mr. Cock, as to my mind this was the cause of the hoarseness in his case, and it was thus he wounded the filaments of the nerves.
5. The patient need not of necessity be fed with a tube.
6. Should the thyroid gland appear, not to mistake it for the gullet.
7. To operate on the left side of the neck, being more convenient to the surgeon, unless the foreign body is bulky and bulges on the right.

In conclusion, I agree with Mr. Cock, who believes the operation, if dexterously performed, not to be a fatal one ; and I have thus, as faithfully as I can remember, described each step of my operation, in hopes that it may be of use to others if called on to perform pharyngotomy.—*Medical Press and Circular.*

THE MARRIAGE OF COUSINS.

One of the " undetermined questions " on which much light might be thrown by those who have an opportunity of ascertaining with accuracy and completeness the circumstances of family life, is the effect of marriages of consanguinity. In this country the problem is almost limited to the effeet of the marriage of cousins. The question is of great importance, for it comes up at some time or other in almost every family, and from the members of our profession an authoritative opinion is constantly expected.

A strong feeling against such unions has grown up among many of the more thoughtful and better informed members of the community. The objection is in part probably an instinctive one, but is chiefly founded on the occasional known consequences of such marriages. Instances in which the offspring have exhibited in alarming frequency defects of form or constitution have probably come within the personal knowledge of most persons, and striking examples which have from time to time been recorded are to be found in most physiological text-books. Deaf-mutism is one of the commonest defects met with under the circumstances ; and the chaplain to the Association for the Deaf and Dumb, has recently enumerated in a letter to a contemporary, several sad instances which have come under his notice. In different families two, three, four, and in one case eight out of nine children

were deaf and dumb, the parents being cousins. Of the frequent disastrous results of such unions there can be no question. Mantegazza found that out of 500 marriages between blood relations in only 102 the offspring exhibited no morbid tendency.

It is obvious, however, that not every morbid condition occurring in children of related parents can justly be ascribed to consanguinity. Some statistics do not show at all conclusively the influence they are supposed to prove. Mantegazza, for instance, found that in 15 marriages between uncle and niece or aunt or nephew 33 per cent. of the offspring exhibited defects in constitution or developement; in 107 marriages between first cousins, 28 per cent. of the children were affected; in 38 marriages between second cousins, 94 per cent. of children, and in 68 between third and fourth cousins, 41 per cent. of the children, suffered. The affection of the children in the two latter cases was obviously in great measure irrespective of the relationship between parents, and probably is of no significance as evidence for or against marriage of consanguinity. Instances also are not unfrequent in which the offspring of such a marriage exhibit no defect in development or in constitution, are in every respect strong and healthy; or if weakness does occur, it is not with greater frequency or in greater degree than is common in the children of those who are not cousins. Cases are indeed on record, especially in certain colonies &c., in which repeated intermarriage, continued even for centuries, has led to no apparent deterioration of physical condition.

The problem is rendered complex by the circumstance that, in a large number of instances, the marriage of relations brings into play other influences than those implied in the mere fact of consanguinity. It is well known that a morbid tendency existing in each parent is transmitted with great certainty, and usually in intensified degree, to the offspring. Relations, of course, much more frequently than strangers, possess the same constitutional condition. As has been said, "consanguinity raises heredity to its highest power." Moreover, in some of the instances of intermarriage the relations have lived in contiguity, have been exposed to the same endemic influences, which have thus been intensified in their offspring, either in actual morbid states or in liability to disease. It is believed by some that all instances of defects in the offspring of such unions may be thus explained; that marriages of consanguinity do not in themselves entail any evil. Of late Mattei, Bertillon, and others have strongly urged this view. The latter even advocates the beneficial influence of such unions, augmenting the healthiness of families free from taint, while it brings out to the light of day concealed impurities of blood. But such reasoning involves a grave and dangerous misrepresentation. Intermarriage can only conduce to health in families free from taint by keeping out extraneous sources of impurity, while the least proclivity to disease is increased incalculably. Very few families in a community such as ours are so free from lurking mischief as to be able to venture on such a course. On the other hand, the union of a sound and unsound individual not only may conceal but actually diminish the transmitted taint.

The question can only be determined by the careful record of a large number of cases by those who can trace out family connexions and are fully acquainted with family taints. Instances on the one hand, of the marriage of cousins, and its results; and, on the other, of the occurrence, under different circumstances, of such defective development of constitution or physique as has been attributed to inter-marriage. Until this is done, and data, negative as well as positive, collected in large number, the question must remain undecided. The evidence afforded by isolated instances such as we have mentioned cannot be regarded as conclusive. But the peculiar character of many of the cases renders it difficult to understand that they can be entirely due to the influence of transmitted and intensified tendencies to disease. The form which they assume is, with curious frequency, that of defective development of the nervous system and its appendages, showing itself especially as deaf mutism. This clearly, in some cases, results from the transmission of a tendency to disease of the nervous system, which shows itself in other members of the family as insanity or epilepsy. But if there is, as there appears to be, a considerable number of cases in which the deaf-mutssm in offspring resnlts from the marriage of cousins in which no such family proclivity to affections of the nervous system can be traced, even in the slightest degree, the probability that such defect is the direct result in some way, of the consanguinity of the parents is very strong. It is difficult to understand how any other morbid tendency on the part of the parents would result in such a condition, either by causing defective development in that special direction, or by the mechanism of intra-uterine disease.

Whatever be the conclusion, it can, however affect very little the practical question. Whether intermarriage be capable of generating defect in the offspring of the previously healthy, or merely of intensifying morbid tendencies already existing, there can be no doubt that the health of the community has nothing to gain but very much to lose by the practice, and that it should be, as far as possible discountenanced. Were it not for the effect of union with healthy persons, the morbid tendencies, which so many possess, would receive, as they do when the rule is departed from, terrible augmentation.—*The Lancet.*

Medical Items and News.

A NEW POINT IN THE DIAGNOSIS OF OVARIAN DISEASE.—Mr. Spencer Wells mentioned, at a meeting of the Pathological Society (March 16), a very striking fact in illustration of the practical use of the microscope in the treatment and prognosis of disease. He has long taught that single cysts near the ovary may be truly ovarian (excessive growth of one Graafian follicle) or extra-ovarian (dilatation and growth of part of the remnants of Wolffian body, or parovarium). And he has found that, while the extra-ovarian cysts are often radically cured by a single tapping, the cyst contracting and never refilling, the true ovarian single cysts are almost certain to fill again. He had also shown that the contents of the parovarian cysts consisted of little more than pure water, with scarcely any albumen, or only a little albuminate of soda, the specific gravity seldom exceeding 1005. Mr. Thornton has recently discovered that the fluid in some single ovarian cysts contains little groups of cells, which he believes are only formed from the lining membrane of the Graafian follicle; and the presence of these cells, with the higher specific gravity and the amount of albumen or paralbumen in the fluid, are sufficient to enable a surgeon to say after tapping a single cyst whether it is likely to be radically cured by tapping only, or whether it is almost certain to refill and require ovariotomy. —*Med. Times and Gaz.*, March 20, 1875.

DELIVERY OF THE HEAD IN BREACH CASES.—Dr. Penrose, in speaking of the delivery of the head in *breach presentation*, says: When the head is transverse, the fingers inserted on the side of the pelvis can easily reach to the superior strait, and can easily be applied to the root of the nose or in the mouth, and the head can thus be quickly and readily conducted, still in the transverse diameter, to the floor of the pelvis. And again: If the head is at the superior strait, and the uterine forces fail, do not think of the forceps, but press directly down on the head with the hands; you can thus apply any amount of vis a tergo. In almost all cases of breech presentation the forceps are unnecessary, and the rapid delivery of the head can be easily and quickly secured by the bearing down efforts of the mother, aided or replaced by the pressing down efforts of the attendant.

AFTER-TREATMENT OF EXSECTED JOINTS.—After the usual operation for excision of any of the joints, plaster-of-Paris bandage has been used with much benefit. It serves the purpose of being relatively light, and at the same time keeps the limb perfectly quiet. A fenestrum is cut where it is necessary, either for the purposes of dressing or drainage.

RETAINED PLACENTA.—In reference to some cases of retained placenta that had been treated by forcible removal, which he regards as a dangerous practice, Dr. Linéard, of Caen, calls attention to the fact that many years ago he published a simple procedure, which he has always found as effectual as it is safe and easy, and which is also a very efficacious means for the prevention of after-pains and uterine hemorrhage. It consists in the injection of the umbilical vein with cold water. A clean section should first be made, so as to bring the vessel plainly into view, and also to shorten the cord, which should not be more than from twenty to thirty centimetres in length. A syringe, containing at least 150 grammes, and having a long fixed canula, should be employed. The colder the water used, the less is the quantity that need be injected; so that while 150 grammes suffice at the ordinary temperature of winter, twice or thrice as much may be required in summer.—*Gaz. des Hop.*, February 25.—*Med. Record.*

FORCEPS AS A CAUSE OF LACERATION.—Dr. Wm. Goodell (*State Med. Society*) says: "From our own experience and that which we have seen in the practice of others, we have long been convinced that the forceps is the common cause of most of the severe lacerations of the perineum. Even in comparatively easy cases an instrumental delivery of the head will often occasion an unseen rent in the mucous surface of the vagina which the passage of the shoulders extends through the perineum. Increased observation confirms me in the opinion that, other things being equal, as soon as the perineum is well distended the forceps should, as a rule, be removed, unless the withdrawal of the blades requires a force which might hasten delivery." Dr. T. Addis Emmet, also, states "that bad laceration of the perineum is the result generally of instrumental delivery." Now that the use of the forceps has become so indiscriminate, it is well to consider these statements of careful and able observers.—*Med. News Cin.*

IN RHEUMATISM.—

℞ Trimethylamini, Miv ad Mviij;
Syr. zingiberis, ʒi;
Aq. menth. pip., ʒi.—M.

Take at intervals of one to three hours until pain is relieved.

FORMULA FOR THE ADMINISTRATION OF CROTON-CHLORAL HYDRATE.—

℞ Croton-chloral., gr. xxx;
Glycerinæ, ʒiss;
Ext. glycyrrhiz., ʒi;
Aq. et syr. simpl., aa fʒiss.—M.

Tablespoonful *pro re nata*.—(*Med. Times.*)

THE CANADA LANCET.

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TORONTO, JUNE 1, 1875.

DEPRIVATION OF FAT IN WASTING DISEASES OF CHILDREN.

During the past few months it has happened to the writer to have had to treat three cases of a certain form of wasting disease of infants, in which the employment of a simple line of treatment has been attended with success. Although none of the different means employed are original, but have been previously recommended separately, yet it is deemed useful to recount them, and to make known how that by combining these resources an efficient method of treatment may possibly be commanded.

It is not intended to particularize the different cases, but simply to state their general features. All three were infants under the age of six months. Two of them when seen were very much emaciated, and one not so extremely so, yet its emaciation up to the time of treatment was progressive. Persistent and most troublesome vomiting, alternating or concomitant with diarrhœa, denoted the severe irritation of the alimentary canal; while the progressive and extreme emaciation showed great defect in the nutritive functions. Naturally infants in this state get very fretful. Their shrivelled expression of countenance is that of a miniature aged person, haggard and most pitiable and distressing to look upon. On pinching slightly the loose and wrinkled skin, it is felt to be thinner than natural, and the deposit of fat in the subcutaneous cellular tissue which gives plumpness and rotundity of feature to the well-nourished child, is found to be wanting, so that the skin simply covers the puny muscular development and the bones. It is this simple want of fat in the tissues which marks the type and class of cases—by no means infrequent—in which the inunction of oil, hereafter to be recommended, is attended with gratifying success.

Of the great importance of fat in the economy of nutrition, it is scarcely necessary to speak. Let us, however, very briefly summarize the teachings of physiology on this head:—(1.) Fatty matter exists in the blood and is highly nutritive. (2.) It is generally distributed throughout the tissues, scarcely any tissue being altogether destitute of fat. (3.) Fat is always present in newly-forming tissues and newly-forming cells, and is essential to nuclear and cell growth. (4.) The healthy action of the skin is maintained by the secretion of fatty matters in the sebaceous glands. (5.) The hepatic function employs a certain amount of fat, and fat exists in other secretions besides the bile. (6.) Fat is a heat forming substance, and contributes to animal energy. (7.) Phosphorized fat is a remarkable constituent of nerve substance.

Of all these facts and teachings, that which assigns to fat its share of work in building up the tissues, and in being essential to cellular and nuclear development is, perhaps, the most important in its bearings on the malnutrition of infants. The rapidity of cell formation which takes place in the infant, makes a demand for fat. If the supply of fat be cut off, as it is when an irritable stomach rejects the maternal pabulum, and when a continuous diarrhœa carries off in an imperfectly digested state, the small quantity of milk which the stomach may possibly have retained, and which is hurried through that part of the intestinal canal where the fatty matters are digested. Hence the deprivation of fat in a condition like this, and the resulting progressive emaciation.

Called upon to treat a case of this kind, the practitioner would rationally set about the rectification of these disturbances by seeking to assuage the irritability of the stomach, to control the diarrhœa, and to promote the assimilation of fat. These three distinct objects may be attained by the following means:—

1. The irritability of the stomach may be lessened, and stomach digestion promoted, by administering to the infant about four times a day, a few minutes before it is about to suckle, small doses of bicarbonate and phosphate of soda. In doses of from one to five grains, the phosphate of soda alone, or combined with a little alkaline

carbonate, proves a most efficient agent, and it seems to contribute specially to nutrition. It is reasonable to suppose that it assists in the phosphorization of fat and in helping to make bone and nerve tissue.

2. The diarrhœa may be treated (as it was in these cases) by oxide of zinc in one, two, or three-grain doses, with a minute quantity of the compound powder of ipecacuanha added, should the diarrhœa persist after a few doses of simple zinc oxide. Over and above its astringent effect, the tonic properties of the zinc constitute part of its value. The Dover's powder not only serves as a convenient preparation for giving opium in small doses, but it stimulates the defective skin, lessens irritability, and promotes rest and quietness which are essential to nutrition.

3. The repletion and assimilation of fat, may best be promoted by the inunction of oil. The inunction of fat or annointing with oil is a practice of great antiquity; but the revival of its employment in modern times, as a means of supplying fat to the blood and tissues by means of absorption through the skin—a practice now guided by a knowledge of its *modus operandi*—is one of the many valuable recent contributions to practical medicine. The whole surface of the abdomen may be directed to be rubbed with fine olive oil two or three times a day,—and also the back and limbs in extreme cases,—and to be swathed in an oiled cloth after the process of rubbing. Active absorption, stimulated by the gentle friction, then goes on during the rest of the time; and the watchful practitioner will soon begin to perceive its effects in the arrest of the progressing emaciation and in a slow but gradually increasing rate of improvement.

The writer is disposed to attach great importance to the employment of oil in this manner as most essentially contributing to improved nutrition. Clinical experience bears out the theoretical considerations that may be deduced from physiological teaching. All the cases got well in a comparatively short time, and one of the attenuated babies is now a most remarkably fat and heavy child. The treatment, which in this particular case, was kept up longer than was found to be necessary in the other cases, seems to have made a lasting impression upon the child's nutritive powers.

DR ARNOLD AND HIS FRIENDS.

Dr. Kitchener in a chapter on the treatment of invalids, says, "*Imprimis*, beware of dogs." A more forcible caution we consider would be, "beware of quacks." The legislature having made the revision of medical laws an affair of State it might have been expected that the most influential and respectable part of the public press would not be found siding with ignorant pretenders to the practice of medicine, yet the general gist of their arguments is that the suppression of quacks by the force of law, involves the impracticable absurdity of prohibiting a mother or a nurse from administering medicine to a child suffering from indigestion, till a licensed practitioner had sanctioned the prescription! and that as every one is allowed to preach the gospel who can procure hearers, so every one should have liberty to practice physic who can obtain patients. By a letter received a few weeks ago from a practitioner in St. John's, New Brunswick, enclosing slips from the city papers we find our quondam friend, the Surgeon in the Prussian Army, who gave special attention to all diseases of the feet, hip joint diseases, white swellings, without administering internal medicines; who cured cancers and fistulas without the use of the knife, &c., &c., in serious trouble with a merchant tailor of that city. The latter arrested him on suspicion of debt, and forthwith rush the knights of the quill to his rescue, one of whom thus sensibly discourses: "Dr. Arnold claims to be a Regimental Surgeon of the German Army, practising medicine here by order of his superiors, distributing drugs to the poor in accordance with his instructions, and forwarding regular reports of all cases he treats to head quarters. Verily a Howard redevivus, a firm believer in the axiom of Boerhave "That the poor are the best patients for they have God for their paymaster." The Editor's organ of belief must surely be inordinately developed, as he informs his readers that "Dr. Arnold has forwarded the facts, through the German Consul to his Government, and expects that Prince Bismarck will call on Mr. Disraeli for satisfaction for the insult." This then accounts for the recent war cloud in Europe, for the meeting of the Emperors, and for recent inquiries in the House of Commons about England's preparedness for war. Illustrious Dr. Arnold! Katerfelto of

old was not fit to touch the hem of your garment. The old mountebank trick of being announced by beat of drum in the market square, sinks into insignificance compared with modern newspaper heralding. Advertising in the ordinary way or by leaders from the Editor, is the main spring of empirical success, and it is only necessary to be in possession of sufficient funds for the purpose to ensure the enclosure in the net, of any number of dupes. Thousands of dollars are occasionally risked in giving publicity to a nostrum, and the returns are in proportion to the courage of the speculator, his happy adaptation of his remedy to what he knows to be prevalent diseases and popular impressions, and to his more or less indifference to truth. Medical men are alone capable of forming an accurate judgment of the fatal effects of empiricism, and of clearly pointing out why it should be suppressed. They are, therefore, morally as well as *ex-officio*, bound to express firmly and openly their opinions, and to expose to the utmost of their power the nature and extent of the evil. That quackery will always exist we know well, for credulity is too deeply rooted in the human mind ever to be thoroughly plucked out. But quackery at present rears its head too high, and affects a degree of equality with physic which ought no longer to be tolerated.

AMERICAN MEDICAL ASSOCIATION.

We present our readers with an abstract of the proceedings of the American Medical Association, held in Louisville, Ky., on the 4th ult., and following days, which we have gleaned from our American Exchanges. The Association was called to order by Dr. E. Richardson, Chairman of the committee of arrangements, who welcomed the members in a suitable address, and announced the plan for the general meetings of the Associations in different sections. Dr. N. S. Davis of Chicago, announced the presence of Dr. Botsford of St. John, N. B., President of the Canadian Medical Association, and moved that he be invited to take a seat on the platform. Dr. Botsford on reaching the President's chair, was presented to the audience, and made some appropriate remarks. After reading the names of the delegates, some 300 of whom were present, the President Dr. Bowling of Ky. read the annual address. The address which was listened to attentively, was a comprehensive review of the objects of the Association, such as the elevation of the standard of medical education, the advancement of medical knowledge, and the promotion of friendly intercourse.

The Association was divided up into sections, each being presided over by its respective Chairman, who read an address. The papers presented to the Association were each read before the respective sections, except one by Prof. Gross, of Philadelphia, on "Blood-letting as a Lost Art," permission having been given him to read it before the General Association on the forenoon of the second day. The gist of this address was, that extremes were dangerous, and that the time was not far distant when the "lost art" would enjoy a reactionary favouritism. While admitting the mischief of the excessive use of the remedy, many cases were cited to prove the efficiency of its timely application.

The sections were well attended, and many excellent papers presented. In the section on Practical Medicine, Dr. Flint, Sr., chairman, summarized the advances in practical medicine during the last year, touching upon various subjects such as alcoholism, motor nerve centres, new remedies, transfusion, and suggestions in regard to the natural history of crime.

In the Surgical Section, Dr. Moor, chairman read an exhaustive paper on "Transfusion," its advantages and disadvantages, methods of procedure, &c. In the Obstetrical Section, Dr. Byford, chairman of this section, read a paper on the treatment of uterine fibroids by injections of ergotine, and gave a description of several cases attended with remarkable success. In the section on State Medicine and Hygiene, Dr. Bowditch, chairman, took up the subject of a national council of health, and advocated united action of the Societies, so that the matter might be brought prominently before Congress.

A communication was received from Dr. David, general secretary of the Canadian Medical Association, in reference to a resolution passed at the last meeting, recommending a conference between the American and Canadian Medical Associations, at some central point, having for its objects, the mutual interchange of ideas on medical and surgical subjects, and the formation

of a closer relation between the two National Associations. This was referred to the Committee on Nominations, and the following gentlemen were appointed to confer with a like committee of the Canadian Medical Association, at such time and place as may be agreed upon by the joint committee of the Associations :—Drs. S. D. Gross, Pennsylvania; J. T. Hodgin, Missouri; Austin Flint, New York; W. Walling, Kentucky; T. C. Lane, California; W. Johnston, Mississippi; W. Brodie, Michigan; T. D. Cunningham, Virginia; E. Andrews, Illinois; Wm. B. Atkinson, Pennsylvania; H. J. Bowditch, Massachussetts; R. Bartholow, Ohio.

The subject of providing a Memorial Fund to perpetuate the name of E. McDowell, the "Father of ovariotomy," was taken up. Dr. Sims, of New York, Chairman of the committee, brought in a report, recommending the raising of a sum of $10,000, the interest of which should be devoted to the payment of prizes for the best essays on the "Diseases and Surgery of the Ovaries," and leaving the privilege of providing a local memorial to the State of Kentucky. Dr. Gross made some remarks in reference to the motion, and concluded by subscribing $100 to the fund. The formation of an "International Medical Conference," to be held in Philadelphia during the Centennial Celebration, was next alluded to. It was announced, that the session would be held in September, '76, and that invitations would be sent all over the world. Addresses will be read, referring to the progress made in Medical, and Surgical science, during the past one hundred years.

The following gentlemen were appointed delegates to the Canadian Medical Association, which meets in Halifax, N. S., on the 4th of August 1875; Drs. S. D. Gross, Philadelphia; T. Anderson, and W. Walling, Kentucky; Wm. B. Atkinson, Philadelphia; W. Brodie, Detroit; and E. T. Easley, Texas. The Association was magnificently entertained, by both the profession, and the citizens of Louisville. Many members of the Association made a visit to the Mammoth Cave, a reduction in fare having been arranged for the round trip.

The following Officers for the ensuing year were appointed, after which the meeting adjourned, to meet in Philadelphia, on the first Tuesday in June 1876: President; Dr. J. Marion Sims, New York; Vice-Presidents; Drs. Jackson, Kentucky; S. Lilley, New Jersey; N. Pinkey, U. S. Army; and S. D. Seely, Alabama; Treasurer Dr. C. Wister, Pennsylvannia; Librarian, Dr. W. Lee, District of Columbia; Asst. Secty. R. J. Dunglison, Pennsylvania.

The Chairmen of sections were as follows :—Medicine, Dr. T. G. Smith, Pennsylvania; Obstetrics, Dr. S. C. Busey, D. C.; Surgery, Dr. A. Garcelon, Maine; Medical Jurisprudence, Dr. E. L. Howard, Maryland; State Medicine, Dr. R. C. Kedzie, Michigan.

MEETING OF THE NEW COUNCIL.

It is more than probable that before our next issue the newly elected Council of the College of Physicians and Surgeons of Ontario will hold its first meeting. This meeting will be of more than usual interest, as there will be considerable work to be done. Some revision of the curriculum will be rendered necessary, owing to the re-entrance of the Homœopathists into the Council, and some modification in the mode of appointing examiners and the allotment of subjects to each will be rendered necessary. The mode heretofore adopted of appointing examiners from the schools, to examine on those subjects upon which they respectively lecture, is vicious in principle and should be discontinued. The appointment of examiners from the Council Board, to the entire exclusion of outsiders, has not been found to work as well as was anticipated. It is a notorious fact that the examinations are becoming more lax from year to year; in fact the late examination may be said to have been a mere farce compared to those which took place in former years. It is said that the students are in the habit of hissing those whose questions seemed to them to be of a difficult character, and applauding those who gave easy ones, and if such conduct is to be encouraged it is easy to foresee the result.

Several complaints were made some time ago that the Treasurer, Dr. Aikins—who is also one of the examiners—demanded of the students when they came to pay him their fees, which school they belonged to. Many of them considered this an unwarrantable interference, and it gave rise to the suspicion that the Doctor had some special object in asking the question. Some of them were so indignant that they felt disposed to answer that it

was no part of his business, but they desisted and submitted to what they considered a wrong, because they feared that as an examiner he might be severe upon them at the oral examination. This seemed an unpleasant state of affairs. One of the students wrote a letter to the LANCET in October last in reference to this matter, and since then there have been no complaints; but it would be as well to avoid the possibility of such occurrences by discontinuing the practice of appointing a member of the Council, belonging to any of the schools, to the double office of Treasurer and Examiner.

Some alteration should also be made in reference to the regulation which permits the lecturer on Materia Medica to lecture on Botany and Medical Jurisprudence, in short, to undertake the work of three men, while in other departments the certificate is only valid when the lecturer lectures upon one branch of medical science. This is an anomaly which should no longer be found among the regulations. If it is thought advisable to connect two or more branches together and place them under one teacher, such subjects as have an intimate relation to each other should be chosen, such as Chemistry and Toxicology, or Medical Jurisprudence and Toxicology, or Chemistry, Medical Jurisprudence, and Toxicology. Materia Medica and Botany might be associated in one chair; but the idea of concentrating Materia Medica, Medical Jurisprudence, and Botany, all in one chair, is a matter which should not be allowed to pass unnoticed. Some change is also required in the division of the subjects of the primary and final examinations. For some unexplained reason Toxicology is placed among the primary subjects, although a thorough knowledge of this branch embraces a knowledge of Practical Chemistry, Medicine, and Medical Jurisprudence. It would be much more rational, to put Practical Chemistry along with Theoretical among the primary branches, and transfer Toxicology to the final examination.

We trust also that the new Council will deal liberally with the Registrar, Dr. Pyne. We can bear testimony to the zealous and indefatigable manner in which he has discharged his duties. An unusual amount of work has devolved upon that gentleman during the past year, and the small pittance the old Council voted him is entirely insufficient remuneration for the amount of work done. It will be simply an act of justice on the part of the new Council to supplement the amount voted at the last meeting.

We would in conclusion again urge upon the Council the propriety of appointing a public prosecutor in each county in Ontario, whose duty it would be to prosecute every man who attempts to practice medicine without being properly licensed. Unless the Council takes some action in this matter it will be impossible to collect the annual tax. There are as many quacks in the country to-day as there were before the Act was passed.

MEDICAL ELECTIONS.—We are requested to state that Dr. Pyne, the Registrar of the Ontario Medical Council, has issued voting papers to all the registered medical practitioners in each territorial division, according to the addresses on the register. If any of the electors have failed to receive their voting papers through change of address or other cause, they will be kind enough to communicate with the registrar, and he will at once forward duplicate papers to the address indicated.

Since our last issue two new candidates have appeared in the field in opposition to Dr. Allison for the honor of representing King's and Queen's division in the Council; Dr. J. N. Reid, of Thornhill, and Dr. J. J. Hillary, of Uxbridge. Their addresses will be found in another column. There will, therefore, be a triangular contest in this Division. It is very gratifying to find such able men coming forward to seek the honor of a seat in the council. In the "Erie and Niagara" Division, Dr. Henwood, of Brantford, has been brought out as a candidate and with every prospect of success. We congratulate the Brantford Medical Association on its choice of a representative. In the "Midland and York" Division, Dr. Agnew, of Toronto, who was a candidate in opposition to Dr. Hillary at the last election is announced as a candidate in response to a numerously signed requisition, (see announcement in another column). Dr. Ross, of Sherbourne street, Toronto, is also in the field and will receive a large and influential support. We have not heard whether Dr. Hillary is seeking re-election or not. There will, no doubt, be changes in the representation of several of the Territorial Divisions.

We hope that by the time the next election comes round, the council will make such changes in regard to the voting papers as will render it unnecessary for the elector to go before a magistrate to have his signature attested to. It is a great annoyance, as well as an insult to the members of the profession to require them to attest their signatures in this way.

HOMŒOPATHY IN THE COUNCIL.—Some of the Homœopathists seem to think their craft is in danger; the "dominant school," to use their own language, is going to devour them, and a few of them met in solemn conclave in Hamilton on the 20th ult., and issued an encyclical. They resolved that "it was high time to make known their principles." This sounds very queer; we thought their "principles" were made known long ago. All true Homœopathists are next exhorted to follow the teachings of Hahnemann, and if any erring brother shall fall away from the faith let him be anathema; and if any Homœopathist shall take his seat at the Council, let him be anathema. We are glad, however, to learn that the great majority of the Homœopathists in Ontario have decided upon taking the advice of their Parliamentary friends; which was, that before coming again to ask for a separate act of incorporation, they should see how far the Council to be elected under the new medical Act, might be willing to go, in redressing certain grievances, of which they think they have a right to complain. We may venture beforehand to assure those gentlemen, that they will find on the part of the new Council every disposition to treat them courteously, and to accede to any fair and reasonable proposition that will conduce to the more effectual and harmonious working of the Ontario Medical Act.

BISHOP'S COLLEGE MEDICAL FACULTY.—The following changes have been made in Bishop's College Medical Faculty, Montreal. Dr. R. A. Kennedy has been promoted to the chair of Surgery, and Dr. J. Perrigo to that of Medical Jurisprudence. Dr. Wm. Fuller (late of McGill college) has been appointed to the chair of Anatomy; Dr. Andre Latour as demonstrator of Anatomy and Dr. W. Nelson as assistant demonstrator.

MOVING FOR A NEW TRIAL.—The counsel for the defence, in the Sparham abortion case, are moving for a new trial. The argument will come before the Judges in a few days, and the result will be known in a short time. The points reserved for argument, are chiefly concerning matters of law. The conflicting nature of the medical evidence should also have been reserved for argument, as there was considerable difference of opinion among the medical witnesses, as to the cause of death, some alleging that it was caused by violence used to effect abortion, some that it was due to pyæmia, and others that it was from hæmorrhagic smallpox. There appears nothing inconsistent with the theory that the girl died from the poison of smallpox. She was exposed to the contagion for three weeks previous to her death, and it is well known that this poison in the system is of itself almost certain to produce abortion, followed by fatal results. The *post mortem* appearances were also, in some respects, such as are present after death from hæmorrhagic smallpox. If therefore, there is any doubt in the matter, that justice has not been done in the premises, the prisoner should have the benefit of the doubt. Quite a reversion of feeling has taken place in and around Brockville since the trial, and petitions are being largely signed, asking for a commutation of the sentence in the event of failure to get a new trial.

THE LIBEL SUIT.—We publish in another column a letter from Dr. Lavell, in which he takes the blame upon himself, of having written, and sent us for publication, a letter in the April number charging Dr. Franks with forging his name. As we suspected, Dr. Lavell signed the document referred to, several years ago, and had entirely forgotten the circumstance, until reminded of it, by reference to certain other documents. The circumstance occurred 10 or 11 years ago. While deprecating in the strongest possible manner, the reckless way in which medical men lend their names, without enquiring what use may be made of them, we regret that any injustice should have been done Dr. Franks, by associating his name with the crime of forgery.

ERRATUM.—Among the names of the candidates published in our last issue, who passed the primary examination before the Council, that of J. S Gray was, by a misprint, given as "J. L. Gracey."

McGILL UNIVERSITY MONTREAL.—The degree of M.D.C.M. was conferred upon 31 candidates at the convocation in the above University in March last. The following are the names of the gentlemen :—H. U. Bain, J. B. Benson, G. E. Bomberry, J. B. Brossard, W. H. Burland, J. H. Christie, J. Dorland, J. F. Dowling, G. C. Duncan, S. K. Falls, H. L. Gilbert, P. J. Goodhue, K. D. Graham, E. Hanington, W. Hanover, W. L. Hume, T. A. Jamieson, W. J. Kerney, O. X. Langlois, R. J. Mattice, W. McDiarmid, J. A. Meek, G. H. Monk, J. M. Nelles, W. D. Ross, W. F. Scott, S. J. Tunstall, M. O'B. Ward, H. Wigh, E. J. J. Woods, C. C. Woolway.

The following are the names of the honor men : S. J. Tunstall, Holmes gold medalist. First prize in the pass examination, J. B. Benson, Chatham N. B. First prize for the best primary examination, Chas. S. Murray, Montreal, and R. W. Powell, Ottawa. Honorable mention in the final, Messrs. Hanington, Hume, Bain, Ross, Falls, Ward and Scott; for the primary, Messrs. McDonnell, Ritchie Smith, Levi, Young, Reddy, Secord, Snider, Ross, Hunt, G. R. Cook, and S. Stevenson. First Prize in Botany, Mr. Ayer; in Zoology, Mr. Butler.

The valedictory to the graduates was given by J. M. Nelles of Brantford, Ont.

QUEENS UNIVERSITY, KINGSTON,—The following gentlemen received the degree of M.D., in this University on the 29th of April,—Messrs. A. B. Carscallen, A. B. Deynard, W. E. Dingman, D. H. Dowsley, G. C. Dowsley, J. W. Lane, S Masson, W. S. McCollough, S. Potter, R. F. Preston, W. Tuttle, and H. D. Forde; also, John Jones, and C. H. Lavell, who passed the necessary examination last year, but had not attained full age. A. H. Betts also passed the examination, but was not granted a degree on account of his not being of full age.

The following fellows were also elected :—In Divinity, Principal Cavan of Knox College, Toronto; in Law, Hon. O. Mowat; in Arts, S. D. Cumberland; in Medicine, Dr. W. R. Cluness of Sacramento.

TORONTO UNIVERSITY. MEDICAL EXAMINATIONS.—The following are the names of the candidates who passed their final examination for the degree of M.B. :—J. H. Bennett, W. Britton, J. W. Byam, K. H. Cameron, A. B. Cook, J. H. Colton, T. S. Covernton, J. E. Eakins, T. Hobley, E. L. Hopkins, J. Hunter, R. B. Lesslie, S. S. Murray, John McAlpine, J. O. McGregor, E. O'Neil, H. Park, J. W. Renwick, A. Sanderson, R. J. Trimble, J. White. The medals and scholarships were awarded as follows : — University gold medal, W. Britton; silver do.—1, J. White; 2, J. P. Bennett; 3, J. E. Eakins; Starr gold medal, W. Britton; silver do. — 1, J. White; 2, J. H. Bennett; first year scholarship, H. S. Griffin; second do, W. T. Stewart; third do., A. McPhedran.

TRANSFUSION OF GOAT'S MILK.—Dr. Howe, of Charity Hospital, reports in the N.Y. *Med. Journal* a case in which he transfused goat's milk into the veins of a patient very much reduced from chronic arthritis and tubercular disease of the lungs. The injection of 1½ oz. of milk caused dyspnœa and pain in the chest, but these soon subsided; another ounce was then injected and was followed by a recurrence of pain and dyspnœa; the canula was then removed and the patient expressed himself as feeling better and wished the transfusion repeated next day. This was not done, however, as there was no change for the better in his general condition. He died two days after the operation. Dr. Hodder, of Toronto, injected cow's milk into the veins of cholera patients with partial success over 20 years ago.

CHANGES IN THE MEDICAL FACULTY, McGILL COLLEGE, MONTREAL.—Dr. Geo. W. Campbell, Dean of the Faculty, has resigned the chair of Surgery after an occupancy of 38 years. Dr. Geo. E. Fenwick succeeds Dr. Campbell as Prof. of Surgery. Dr. R. T. Godfrey (late of Bishops College) has been appointed to the chair of Hygiene, and Dr. T. G. Roddick as Prof. of Clinical Surgery. Dr. W. Gardner (late of the Bishop's College) has accepted the chair of Medical Jurisprudence, and Dr. Sheppard has been appointed demonstrator of Anatomy.

ZIEMSSEN'S CYCLOPŒDIA OF MEDICINE :—As this great work progresses, it is possible—from some subscribers breaking up their sets, or from other causes, that occasional odd volumes may be offered for sale. Those who desire the complete work are warned against purchasing these, as the Publishers do not engage to supply parts of sets. Every subscription *must be* for the entire work. No volumes will be sold separately.

APPOINTMENTS,—Wellman Alexander Harvey, of the Village of Harriston, Esq, M.D. to be associate Coroner within and for the county of Wellington. Henry Mitchell Jones, of the Village of Combermere, Esquire, M.D., to be an associate Coroner within and for the the County of Renfrew. John Ross Van Allan, of the Village of Morpeth, Esq., M.D., to be an Associate Coroner, within and for the county of Kent.

Thomas Norton of the village of Horning's Mills, Esquire, M.D., to be an associate coroner for the county of Grey.

Dr. Francis Condie, M.D., of Philadelphia, author of "Disease of Children," &c., died on the 31st of March, at Morton, Pa., in the 80th year of his age.

Books and Pamphlets.

THE DISEASES OF THE STOMACH, by Wilson Fox, M.D., F.R.C.P., F.R.S., Prof. of Clinical Medicine, University College, London; third edition, revised and enlarged, with illustrations. Philadelphia, H. C. Lea; Toronto, Hart & Rawlinson.

This work in its former editions, has been so favorably known that it requires no special notice from us, even if we had the time and space to devote to it. The new edition will, we feel quite certain, be gladly welcomed by the profession in both hemispheres.

LLOYD'S MAP OF THE AMERICAN CONTINENT—New Invention:

Lloyd, the famous map man, who made all the maps for General Grant and the Union army, certificates of which he published, has just invented a way of getting a relief plate from steel so as to print Lloyd's Map of the American Continent—showing from ocean to ocean—on one entire sheet of bank note paper, 40 x 50 inches large, on a lightning press, and colored, sized and varnished for the wall so as to stand washing and mailing any where in the world for 30 cents, or unvarnished for 25 cents. This map showes the whole United States and Territories in a group, from surveys to 1875, with a million places on it, such as towns, cities, villages, mountains, lakes, rivers, streams, gold mines, railway stations, &c. This map should be in every house. Send 30 cents to the Lloyd Map Company, Philadelphia, and you will get a copy by return mail.

SYPHILITIC LESIONS OF THE OSSEOUS SYSTEM IN INFANTS AND YOUNG CHILDREN, by R. W. Taylor, M.D., Physician to Charity Hospital, New York. New York, William Wood & Co., Toronto, Willing & Williamson.

This may be said to be an entirely original work. The field which this author has entered upon was entirely untrodden. He was therefore obliged to draw from nature for his material, and the book before us speaks volumes for the successful way in which he has done his work. The author shows that these lesions are not so rare as generally believed, and gives the clinical history of a number of cases in which Osseous Lesions were directly traceable to Syphilis. The work is of interest not only to the specialist, but also to the general practitioner as well.

THE FISHERMAN'S MEMORIAL AND RECORD BOOK. Proctor Brothers, Gloucester, Mass.

Births, Marriages and Deaths.

At Thornhill, on the third ult., the wife of Dr. Reid of a son.

At Rose Cottage Brooklin, on the 15th ult., the wife of Frank Warren, M.D., C.M., of a daughter.

By the Rev. Mr. Hill, assisted by the Rev. D. Stewart, John Mitchell, Esq., M.D., of Newtonville, to Miss Jardine, of Darlington.

At the residence of the bride's father, 46 Hess St., Hamilton, by the Rev. H. Johnson, B.D., Dr. J. S. Atkinson, to Isabella, eldest daughter of John Moore. All of Hamilton.

On the 28th of Feb. at Cambray. Ont. Ellisworth Moore. aged, one year and seven months. Beloved and only son of J. M. Hart M.D., &c.

At his residence, King St., Uppertown, Paris, John Lawrence, Esq., M.D. and Mayor of Paris, aged 62 years and 21 days, a native of Aberdeen, Scotland.

On the 12th ult, in Hamilton Dr. Howell at his residence on John Street.

*** The charge for notice of Births, Marriages and Death is fifty cents, which should be forwarded in postage stamps, with the communication.*

THE CANADA LANCET.

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Original Communications.

RELATION BETWEEN INSANITY AND DYSPEPSIA.

BY WM. KERR, M.D., GALT, ONT.

The following cases are narrated to illustrate the close connexion which often exists between Insanity and Dyspepsia. The latter is, perhaps, more frequently met with in the non-aguish parts of Canada than any other complaint. A sensation of weight and discomfort in the stomach after eating, heartburn, acidity and flatulence are of common occurrence, sometimes belching up of food, sometimes vomiting, or sometimes pyrosis, and there is generally more or less constipation. Depending upon the state of the stomach there are also affections of remote parts; some individuals are troubled with coldness of the feet, which no ordinary covering removes, and very many have attacks of headache, for which the only permanent remedy is the cure of dyspepsia, and its accompanying constipation. Greatly impaired sleep is more or less present in not a few, and insanity in a still smaller proportion. In the insane it is often difficult to discover the presence of dyspepsia, partly in some instances from the unreliability of the patient's answers, and partly from the attention of relatives being directed to the more distressing malady, the affection of the mind. Where insanity is so closely connected with dyspepsia as to be curable only by curing the latter, dyspepsia may have previously existed for a long time, or only for a short period, the symptoms may have been numerous or few, but in this variety of insanity there is one symptom always present, I believe, namely, sleeplessness.

The cases were written while I was investigating the power of the newly constructed combinations of digitalis and squill.* The only conclusion I wish to be drawn is, that what has been done may be done again, but I hazard no conjecture as to the proportion of patients who will be found to be thus curable.

In the case mentioned in the July number of this Journal, the patient, for about twelve years, had had dyspepsia not differing in its symptoms from many other instances; he had acidity, flatulence and constipation; bye and bye headache and impaired sleep; if vomiting occurred at all, it was on rare occasions, but his mind began to yield, and his memory failed so that he became incapable of fulfilling his duty as an accountant in a public office. Years after, when I first saw him, he answered my queries correctly, but as soon as possible slunk away into an adjoining room. The only distinctly insane symptom was his refusal to go out of doors, because he said every person whom he met on the street looked at and talked about him.

I gave the digitalis combination in the form for chronic complaints, viz., stramonium reduced to a half proportion to avoid excessive thirst, which the long continued use of the medicine would otherwise occasion, and digitalis increased to a full proportion, the small number of doses daily allowing this increase. The form of administration was that of pills; to a portion of these aloes was added, so as to have about one grain of this drug in each pill.* Usually two such were required daily to keep the bowels properly open, and other two without aloes to contribute in removing dyspepsia and promoting sleep. The bowels were rapidly brought into a better state, and digestion and with it appetite improved. I was soon gratified to learn that headache was much lessened, that he slept better at night, and that during the day he often lay down in bed and slept. In the course of a year he was quite well, though for a long period he took medicine more or less regularly.

My next patient was a woman aged 32, insane for sixteen years. Insanity was stamped upon her countenance, and she was often very wild, leaping and vociferating in the apartment into which she was locked. There were symptoms of indigestion; I therefore gave the same prescription as in the last. Looking at the case as hopeless I did not visit her for perhaps a month, when I learned that she was much calmer, and sleeping better. Gradually she

* Digitalis or squill, stramonium, dulcamara, sium lincare, cicuta maculata, and conio-selinum Canadense.

* When patients cannot be prevailed on to swallow pills the medicine may be given in the form of tincture.

improved so much as to give assistance in taking care of the children of the family, and in preparing the meals. This tranquil state continued for two or three months, when without any assignable cause a relapse took place, and insanity became as intense as formerly. No benefit was derived from either the digitalis or squill combination; eight years afterwards she died unimproved in an asylum.

Sixteen years ago I was consulted by a gentleman who had long laboured under dyspepsia, which several eminent medical men had failed to relieve. For a considerable time greater benefit was obtained from the digitalis or squill combinations than from any medicine he had previously tried, and sanguine hope was entertained of an ultimate cure. Residing at some distance I did not see him often, but learned that the medicine was failing to relieve as formerly, and finally that it had altogether ceased to do good. Some years after this deep melancholy came on, which his medical man in vain endeavoured to remove by change of scene, but which found a termination in suicide.

31st March, 1859.—Mrs. A., aged 26, was confined four months ago, and had a good recovery, but about six weeks after caught cold, which brought on illness, and a few days thereafter she became insane. Sometimes she was boisterous, at other times depressed, and once she attempted to drown herself. She had flatulence, but her attendants were unaware of any other symptom of dyspepsia, and no reliance could be placed on her own answers. Bowels confined; sleep short and broken. Her father died in an asylum, having been insane for several years, and others of her relations have been insane. Medicine directed to be given as in the first case.

10th April.—Improvement appears to have commenced. Is less unhappy, sleeps better, and gives less trouble during the night, bowels regular.

20th April.—Is decidedly improving. Sleeps well at night, and goes to bed for a short time during the afternoon to enjoy additional sleep. Appetite is becoming good. Recovery went on steadily, and by the middle of May she was well in every respect. She now informed me that for several years previously to her illness she had been more or less troubled with flatulence, acid or bitter eructations, vomiting, pain in the stomach, and headache; she was also pale and slender.

November.—She is now ruddy and muscular. For twelve weeks or thereby after last report she continued to take medicine, that without aloes sufficing for all purposes.

April 1866.—Has had no return of insanity, though she has had several children. Her husband met with a great reverse of fortune, and in 1873, after giving birth to a baby, in another part of the country, she again became insane, and died in this state soon afterwards.

Aug. 24th, 1859.—Mrs. T., aged 34, the mother of nine children. The last confinement occurred ten weeks ago, preceded for a considerable time by much flatulence, and immediately followed by sleeplessness, which in a week terminated in insanity. During the first month she was outrageous, but for the last five weeks has been generally merely talkative, only occasionally vociferating and threatening violence. The average amount of sleep, night and day inclusive, is only four hours; she consequently disturbs the household greatly, and requires to be constantly watched. Bowels constipated; appetite capricious and trifling; has occasional palpitation of the heart. Her mother and a maternal uncle died insane, and she has a brother in a lunatic asylum. Medicine directed to be given as in the preceding cases.

Sept. 8th.—Three or four nights after last report began to sleep better, now sleeps about nine hours in every twenty-four, and digestion is much improved. Is calmer, and often converses apparently rationally. For the last eight days the combination without aloes has been adequate.

Sept. 16th.—Is considerably better in every respect. Falls asleep a few minutes after going to bed, and usually sleeps ten hours in every twenty-four. Appetite and digestion good; eats four meals daily, two of these consisting in part of animal food. Though still giving utterance to a great deal of nonsense is quiet in her behaviour, and never attempts as formerly to injure those around her; is likewise more careful not to injure herself, and takes some interest in her children. It is remarked that before improvement commenced, though at times when excited and outrageous, exerting almost superhuman strength, lividity of the skin was readily produced by a firm grasp of the hand, or a slight fall, that now, when certainly possessing more real strength, a much greater injury is necessary to discolonr the skin.

Sept. 31.—Is greatly improved; converses sen-

sibly ; attended church last Sabbath. This patient resided at a considerable distance from me, and my attendance closed with the last report. Sometime after I was sorry to learn that, in consequence of a sudden domestic affliction, she had become insane, and been removed to a lunatic asylum, where she slowly recovered.

Sept. 14th, 1859.—Mrs. F., aged 45. In Feby. last her brother, who had been for some years insane, committed suicide. This event produced a severe mental shock, and caused her sleep to become broken and unrefreshing. In June flatulence came on to great extent, accompanied with acidity and heartburn, without giddyness or headache. In the beginning of July her mind became affected. She bemoaned her fate as a sinner hopelessly lost, but never alluded to her brother. Sleep, which had been previously broken, now became more so, four hours sleep in twenty-four being the usual amount. Ideal noises often cause her to start up and get out of bed, and for the last fortnight she has scarcely slept at all, walking about the house and crying piteously. From fear of some terrible impending calamity she clings to her husband, whom she will not allow to leave her apartment for a single instant. She has spoken about taking the life of one of her children, but apparently without any fixed intention of doing so. She dislikes seeing any person except of her own family, and cannot be persuaded to go out, because, she says, people look at and talk about her ; on this account, on her way from her house to my residence, she wished to get out of the carriage, and make her escape to the woods. Her appetite is capricious, sometimes she scarcely eats at all, but on other days takes her food pretty well, though afterwards acknowledging indigestion. Bowels constipated. Has been under the care of two medical men, but without benefit. Medicine to be given as in the preceding cases.

Oct. 4th.—Sleeps considerably better, takes her meals regularly, and appetite has now become so keen that she often eats between meals. If the unhappy thoughts she formerly had still exist, they certainly do not affect her to nearly the same extent, as she seldom speaks of them, and is able to engage in conversation not directly connected with herself. Says that she is less timid than when I first saw her three weeks ago, and for the last two days has allowed her husband to attend to his duties out of doors. Has lately of her own accord confined herself to bed, possibly from diminished excitement and from exhaustion produced by long continued previous sleeplessness. Has still much acidity.

Oct. 18th.—For the last week her appetite has declined, acidity is greater, and she has not enjoyed so long or refreshing sleep. The cause of this seems to be increasing constipation, which twelve grains daily of the combination with aloes do not overcome. Looking upon absolute confinement to bed for the last few weeks as the cause of increased constipation, I advised her to sit in another room part of each day, to make her food more aperient, and to take ale daily that she may acquire more vigour.

Nov. 14th.—Has followed my instructions respecting ale ; has been able to get up daily and walk about the house ; her bowels are open and acidity is gone. Converses freely and enjoys visits from friends. Says, that while insane no person could have persuaded her of the unreality of her hallucinations, because she believed herself to be the better informed ; had also optical illusions, her apartment often appearing unlike what it really is. Mentions that till lately her flesh was so tender that she could scarely bear the weight of her arms resting upon her body in bed. When I first saw her an unpleasant odour, peculiar to lunatics, was exhaled from her body, this has long since ceased.

Nov. 28th.—She is quite well in every respect, but continues to take the medicine with and without aloes in reduced doses. As winter approached greater precautions were taken to guard against cold.

In April, 1867, Mrs. F. again became insane, apparently in consequence of the death of a favourite niece, insanity, as on the last occasion, being preceded by dyspepsia. At first her mind was not much affected ; before I saw her (July 23d) she had been very unhappy, and almost sleepless, that is, often not sleeping one hour in twenty-four. Has acidity and flatulence, and there is a strong tendency to constipation. Her husband remarks of the present and former illness, that it is vain to attempt to persuade her that she is mistaken, indeed that argument makes her more confused and unhappy. An enema was given to remove considerable constipation, and the digitalis combination with and without aloes directed to be given as in the former illness.

Aug. 20th.—A marked improvement in the amount of sleep immediately followed the adoption of these measures, and she now usually sleeps about six hours out of twenty-four. Fifteen grains of the digitalis combination, with three grains of aloes, have been given daily, which, together with an aperient diet, chiefly of Indian meal, have kept her bowels regular. For a fortnight following last report could not take food more nutritious than thin gruel; appetite is not yet keen, but acidity is seldom felt, though there is still flatulence. One night, apparently in consequence of medicine having been omitted, she slept worse, and next morning was more unhappy. Four weeks ago, on the day succeeding my first visit, she made an attempt to take away her life, but has since become less distressed, and now converses on ordinary topics with scarcely an allusion to anything painful or exciting, and when she does so manifests little unhappiness. For the last four weeks ale has been given daily. To promote appetite per-sesquinitrate of iron is to be taken three times a day about an hour before meals.

Aug. 27th.—Appetite has rapidly improved, and is more than trebled since I first saw her, so that she often eats between meals. Flatulence has ceased, and a slight increase of constipation has been easily obviated by an increase of the laxative. Sleep is sounder and longer, generally eight or nine hours in twenty-four. Two nights after commencing iron, a lamp, which for two months had been kept burning during the night in her bed-room, on account of some undefined fear, she permitted to be extinguished. Formerly she declined seeing acquaintances, she now invites them into her apartment, and converses on ordinary topics without fear or unhappiness. She once mentioned the attempt she had made to take away her life, and said that had she not been prevented she would have committed suicide.

Sept. 16th.—Is well in every respect. Unhappiness is gone; is cheerful and converses freely; sleeps all night; appetite and digestion excellent; only a small quantity of medicine is now necessary. For a considerable time before and sometime after my first visit had much thirst, and required frequent draughts of water by night as well as by day to assuage it; this diminished as she became stronger, and ceased entirely soon after she began to take per-sesquinitrate of iron, to which she and her husband attribute a considerable acceleration of the cure; they also express their conviction that when I first visited her in July, she was worse both mentally and bodily than at any time during her first illness eight years ago.

In 1871, four years after the illness now described, she again became insane. Her husband speedily came to me for medicine, but from the experience he had gained took charge of her himself—though the insanity was as great as at any time formerly. Besides the digitalis combination, with and without aloes, I advised hydrate of chloral at bed-time as long as sleep was impaired. She had a good recovery, and I believe remains well.

5th Sept., 1859.—J— M—, aged 36. Enjoyed good health till three months ago, when in consequence of exposure to cold while perspiring, flatulence, heartburn, and acidity came on to a great extent, soon after, headache, nearly total sleeplessness and confusion of mind. These symptoms remain nearly unchanged. Often scarcely sleeps all night, and says that he is frightened he knows not for what. Bowels rather confined. Complains of numbness of limbs taking place from slight pressure. Medicine to be given as to the others.

Sept. 16th.—Sleeps about eight hours every night, and is never frightened as formerly; less dyspepsia; appetite somewhat improved; headache and disposition to numbness of limbs lessened. Bowels open.

Sept. 30th.—Sleeps well; has no mental agitation; but has still a good deal of acidity.

July, 1863.—A young woman insane for three months. Insanity characterised by great talkativeness, consisting of disjointed nonsense, without any prevailing topic; there is likewise inability to answer, or attend to the simplest question. Sleep very short and broken, and being much awake she greatly disturbs the household by her vociferations; dyspepsia known to be present; appetite trifling. Insanity not hereditary. She was brought manacled in a carriage from her residence, about fifty miles distant, and during the night she stayed here disturbed the inmates of the tavern greatly by her vociferations. Medicine prescribed as in former cases. On the tenth day after commencing its use her parents observed some improvement; on the fifteenth her nurse could venture to leave her for short periods, and at night could extinguish the lamp and go to bed. By the end of the sixth week

her reason was restored. To ensure sound sleep, good digestion, and a proper state of the bowels, the daily use of the medicine was continued for a few months.

April, 1874.—Continues well, no return of insanity. Has been married for eight years, and has several children.

May 1st, 1869.—Mr. J—, aged 50. For ten years has had symptoms of dyspepsia, chiefly much flatulence, and a sense of weight and uneasiness after eating. Coldness of the feet was generally present. Often had headache, and sleep, though not curtailed, was unrefreshing. For the last few years the symptoms of dyspepsia have been more aggravated, and few articles of food could be eaten with impunity. Exacerbations of dyspepsia began to be accompanied by melancholy which he could not shake off. He exchanged his business, that of a shoemaker, for a hawker of books, but change of scene and employment did not cheer him. Failing in his object, and fatigued by the weight he necessarily carried, he returned to his original occupation, haunted as formerly by ever present gloomy thoughts. Sixteen weeks ago he entered the pulpit of the chapel he was accustomed to attend, and harangued the congregation on prophecies, which he alleged related to himself. He has since gradually got worse, so that for the last six weeks a member of the family has found it necessary to be with him night and day; during this time he has not taken off his clothes except to change them, lying down at night on a sofa, and seldom sleeping longer than two to four hours, rarely six in twenty-four; the remainder of the time being spent in deep melancholy, often pacing backwards and forwards, and declaring himself to be a sinner hopelessly lost. In this state, for two continuous nights and days, he never lay and scarcely ever sat down. Nevertheless he is able to talk about his bodily ailments with great composure, and apparently with accuracy; almost the whole preceding statement, confirmed, however, by others, having been received from himself. Insanity not hereditary. Previously to yesterday he lived in his own house in another town, and was attended by a medical gentleman there; he has come here to place himself under my care, and resides with a married daughter. I ordered the digitalis combination, with and without aloes, as in other cases, but as he says he is not constipated, possibly the former will be only occasionally required. His food to be as nutritious as he can digest, and a small quantity of ale to be taken under the control of his daughter. As in the cases of all the other patients argument and contradiction are to be avoided, his hallucinations gently soothed, and care taken to remove everything with which he could injure himself or others.

May 18th.—For the last nine days has slept about eight hours every night, and though he does not admit that he is happier, yet those around him remark that his expression of countenance is less anxious, and that he now speaks of his bodily ailments, which formerly he did not do. Nine days ago his pulse having fallen from 72 to 60, I changed from the digitalis to the squill combination.

May 23rd.—To-day his wife, after three weeks separation, visited him, and expresses herself much surprised at the improvement which has taken place. Before he was placed under my care, he was so engrossed with his own unhappy thoughts, that he might often be spoken to four or five times before he answered, when even only a monosyllable was required; he now answers readily, and enters into conversation not connected with his complaints. At that time he could not be induced to give any assistance in household matters, now he attends a good deal to the baby, splits wood for the kitchen stove, and carries water from the well. Though digestion is materially improved, he is still injured by an error in diet, and if to get rid of the uncomfortable flatulence the dose of aperient happens to be rather powerful, he is evidently weakened, that night the amount of sleep is lessened, and the mental affection aggravated. Cold produces a similar effect; last week, on a bitterly cold day for the season, he was so unhappy as to be unable to converse or give assistance in the household.

May 26th.—His wife remarks that she is sensible of daily improvement. Formerly gloomy thoughts were ever present, now he can for the most part converse tranquilly, gloom being of short duration, coming on instantaneously, and going off as suddenly. Since he came under my care an attendant has only twice been required to watch or sit up with him at night, and as an evidence of the decline of dyspepsia his feet have ceased to be unnaturally cold.

April, 1875.—For several years he has wrought in a machine factory, and is well in all respects.

In the preceding cases dyspepsia was the first

departure from health, bye and bye was attended by broken and unrefreshing sleep, and lastly, at a period more or less remote, the patient became insane; insanity in these is, therefore, to be regarded in the light of a symptom of dyspepsia added to those already existing. Why it comes on in some cases and not in others does not, I apprehend, always admit of a satisfactory explanation; hereditary predisposition is the cause possibly in some instances, but not in all. Frequently patients have dyspepsia and headache or impaired sleep for many years without the slightest threatening of insanity, which fortunately occurs in only a small proportion of dyspeptics. The medicine I have recommended seems to owe its efficiency partly to its power in curing dyspepsia, partly to its soothing and soporific effect, and partly to its gently aperient property; the patient falls asleep as in health, if awakened at anytime shows no appearance of narcotism, and if allowed to sleep awakes refreshed. In cases of great sleeplessness without insanity, a laxative operating rather severely, or on the other hand constipation, cause the patient to be more sleepless, so it is in insanity. I know of no means so well adapted for keeping the bowels uniformly in proper order; there is no griping, no squeamishness, constipation is not a sequence, nature is merely aided, and the patient as a rule unconscious of having taken medicine;* likewise its prolonged use is not injurious.

In the many years which have elapsed since this investigation commenced, I have seen a considerable number of cases of dyspepsia, and these have, in most instances, been cured by the digitalis or squill combinations. Besides symptoms closely connected with the stomach, coldness of the feet, want of sleep,† and headache were removed. I have met with patients who had suffered from dyspepsia and headache for twenty years relieved of these almost at once, requiring, however, to continue the medicine for months or longer to effect a perfect cure.

It does not, therefore, seem strange that where all these symptoms exist, with the single addition of the mental affection, a cure should also be comparatively easy, and the digitalis or squill combinations the needed remedy.

Referring to the cases it will be seen that patients wildly insane, requiring to be watched and waited on night and day for weeks previously, were soon so soothed, that in a fortnight little or no watching was required, and in six or eight weeks were cured, their only nurses being members of their own families; several had been certified as proper patients for an asylum, and only waited a vacancy, but the recoveries were so rapid that when a vacancy occurred the relatives did not avail themselves of it. That the treatment presented no serious difficulties is evident from the fact that the reports, which coincide with the visits, indicate that I did not visit any one who lived at a distance from Galt more than four times, and one I saw only once.

Where dyspepsia does not co-exist, it is not reasonable to expect that a medicine which seems essentially to owe its efficacy to its power of healing the mucous membrane of the stomach, and thereby curing dyspepsia, should be useful where this membrane is not affected. Years ago in a case of puerperal insanity without dyspepsia, the disease was distinctly aggravated by the squill and iodide of potassium combinations given in succession, and it became pretty evident that stramonium was the hurtful ingredient. This, as is mentioned in the number of this Journal for July 1874, led to the formation of the strychnia combination. In Feb. 1872 I was consulted respecting a sister of Mrs. A. (case 4th) who soon after the birth of her first child became insane. A month after I visited her. There was no dyspepsia, and sufficient sleep was obtained from chloral. I gave in addition three pills of the strychnia combination daily, ($\frac{1}{16}$ gr. of Str. in each) which did not in any respect disagree, and in six weeks she was quite well. In Nov. 1872 I was consulted by letter respecting an elderly lady whose mind had been failing for several years, and was now quite gone, often for instance insisting that she was from home, when she was sitting in her own house surrounded by her own family. Four or five medical men had visited her without benefit. She slept well, and digestion was not affected. On these grounds I sent the strychnia combination, at first with a small quantity of aloes, but in a short time without. I was soon happy to hear of improvement,

* For sleepless crying babes, who generally are constipated, I find no medicine equal to the squill combination, the addition of aloes being seldom necessary. Dr. Campbell, Seaforth, (C. Lancet, Sept., 1874), makes the same remark.

† Dr. Alysworth, Collingwood, speaking of the use of the digitalis combination in diseases of the mucous membrane, says, "I am so well satisfied with its action, that I use it without opium in preference to other hypnotics, prescribing it ten times for once that I give any of the other remedies, as opium, morphine, chloral, &c."

and by the spring of 1873 she was reported as well. The reader will say with myself that a far greater number of cases are required to prove the efficacy of the strychnia combination, and the cases to which it is adapted.

Excepting the two cases now mentioned my experience has happened to be confined to those where insanity arose from, or was connected with dyspepsia, and the cases mostly of a few months previous duration, as it is obvious that beyond this period most families would feel themselves under the necessity of sending the patient to an asylum. Besides the woman insane for sixteen years, in whom a lucid interval followed the administration of the digitalis and squill combinations, I was consulted by letter respecting a lady ten years insane; considerable improvement took place, but notwithstanding the unintermitted use of the medicine, insanity again increased. I have since thought that possibly these failures, as well as that of the dyspeptic (case 3rd) arose from a change having taken place similar to that in the gardener (See this Journal for Sept. 1873 and July 1874.) where a medicine which had manifested very great power, a year after in an attack of the same disease showed no power whatever, and that possibly the strychnine combinations might then have succeeded. I have stated the readiness with which dyspeptic headache of long standing usually yields, the same cannot be said of long continued insanity, possibly from the diminished quantity of phosphates in the brain or other causes. I trust however that I have shown that when in recent cases, insanity and dyspepsia co-exist, the latter I apprehend standing in the relation of cause to the former, the cure is neither difficult nor tedious. In the preceding pages I have not ventured to estimate the proportion which cases of insanity arising from dyspepsia bear on the whole, but, since these were placed in the hands of the Editor, Dr. Lett of the London Lunatic Asylum, (*Canada Lancet*, June 1875.) whose extensive experience entitles him to form an opinion, says that with few exceptions, if I do not misinterpret his meaning, mania and melancholia arise from an exhausted state of the brain, caused by sleeplessness and indigestion; that the ordinary narcotics are nearly valueless; and their prolonged use hurtful; also that purgatives and blisters are injurious. I am glad to be able to suggest a remedy, the prolonged use of which is not injurious, strengthening not weakening the system, by promoting sound and refreshing sleep, by improving digestion, and at the same time gently keeping the bowels open without causing griping or uneasiness.

THE ONTARIO MEDICAL ACT.

BY W. ALLISON, M.D., BOWMANVILLE.

At a meeting of the Medical Association of West Durham and South Ontario—held in Oshawa 1st June—Dr. Allison, of Bowmanville, read the following paper, which the society, by a unanimous vote, requested should be sent to the LANCET for publication.

MR. PRESIDENT AND GENTLEMEN,—At the last Meeting of this Association I was appointed to read a paper on "The Medical Profession, and the Laws Relating Thereto." If I understand the purport of the motion made, I think I was to give my own views on the Medical Act, and some of the amendments that would require to be made. Be that as it may, my peculiar position in reference to that Act, and the fact of my being a candidate for medical honours, render it rather a difficult matter to confine myself altogether to that particular point. With your permission I shall have to branch off into a short description of the means for carrying the present Act into successful operation, and the amendments to that Act that are demanded by the profession generally. I did not not come here to-day to instruct any body, or to prove that I know more than my neighbours. My sole object being to comply with a respectful request made to me by this Association, to give my own views on the present state and future prospects of the laws relating to the profession to which we have the honour to belong.

There are many anomalies in the medical profession which would altogether be out of place even to allude to. There are, however, many things to which it may be interesting to give a passing notice, such as the past history of the laws relating to medicine and surgery. You are all aware that the laws enacted at various times in the Province of Ontario—formerly called Upper Canada, were of a multifarious character—some of which were supposed to be perfect, and could not well be amended. For instance, we had the old

Medical Board, of which I was a member for many years; as you must know, it was principally an Examining Board—it had its day and generation. Next came Dr. Parker's Act, which was also supposed to be a perfect luxury in its way, and could scarcely be improved upon. Then came Dr. McGill's Act. We hailed that, in its turn, as a boon, which was in perfect harmony with the spirit of the times, and was thought to be a step in the right direction.

Then Dr. Baxter stepped forward to receive the unqualified applause of the medical fraternity—who also hailed his Act as one approaching nearer to perfection than any of its predecessors.

But, alas! that, in its turn, is doomed to the destructive process that it will inevitably undergo, as soon as it is ready for the crucible. Allow me to say this much for the present Act, that we all feel happy in our recognition of the many advantages secured to us in the passage of that Bill. There are principles embodied therein which we all acknowledge, and with gratitude appreciate; but with all due respect to the parties who framed the Bill and got the Act passed, another amendment is again loudly called for. It is well-known that the present Act contains a clause whereby an annual assessment can be levied on the whole profession in the Province of Ontario. That clause which was in the Bill that was rejected, had my opposition. It was unusual in its character and without precedent; and to make it more preposterous, I learned that the members of the Legislature actually refused to insert any penal clause whatever. I then thought if we were to receive nothing in return for the money we paid, neither in the shape of protection to the public against quacks, nor anything else, I began to see that it was arrant folly for us to pay an annual assessment and receive no value for the money advanced. When the subject was under consideration by the Council, Dr. Coburn, our representative, very wisely considered that it would be well to have the opinion of his constituents thereon.

He accordingly called several meetings, with the view of getting the opinion of the profession upon so extraordinary a subject. I attended one of the meetings which was held in Orono, where everything therewith connected received a full and free ventilation. The gentlemen present seemed quite alive to the importance of giving every attention to the one point—whether we should go on as usual, and try to earn our bread by the sweat of the brow without any assessment, or to be assessed and get nothing in return for our pains.

Those who favoured the assessment paid considerable attention to the advantages that might have been gained, by inserting a clause in the Bill, providing for every contingency that might arise in carrying out a provision of that description, adducing many arguments in support of the views thus expressed. I held an opposite opinion and gave my reasons for the stand thus taken. A resolution was moved and carried, that the assessment clause should be upheld and embodied in the Act, to which I dissented, and I believe was the only one present who voted against the motion; but, as you are aware, that Bill was thrown out by the Legislature. Again another Bill was submitted to Parliament by Dr. Baxter and carried. The present Act contains the same assessment clause in a modified and less objectionable form, with a penal clause added, which enables us to give our support to a law to which we were justly entitled, and one so productive of benefit to the public at large. Let me remark further, that although we have got what never should have been withheld, it will still be necessary to have the present Act further amended, by making more ample provision for prosecutions against quackery and other violations of the statute. The present law gives power to prosecute for illegally practising medicine for hire, gain, or hope of reward; but, in additon to that, we have illegal vendors of nostrums and itinerant quacks, who practise their deceptions in open day, in the very face of our constituted authorities, and the latter, as an invariable rule, take no notice of such infractions of law and morality.

In my opinion the law should be so amended, that these itinerant vagabonds should be dealt with by a magistrate's warrant, instead of a summons, in the same manner as the infraction of any other statute, where the parties are not known. By issuing a summons as the law requires at present, the party implicated has plenty of time to make his exit, and is able at once to elude the vigilance of the informant. On the other hand, were a warrant to be applied for, and instantly acted upon, the law would be better vindicated and justice better administered.

In reference to cases where the party is a per-

manent resident, and who is accused of the infringement of the medical statute, and where a summons would be applied for, the action might be laid anywhere in the neighbourhood where the party lived; but the law should be such that the prosecutors may be enabled to change the *venue* to a neighbouring town or village. It is a well-known fact, that when prosecutions have taken place where the offender resided, he invariably had the sympathy of the surrounding neighbourhood, and the magistracy, generally speaking, partook of the same infection; and as a religious rule of duty, in the most of instances the case was dismissed as one *not proven*. You will also perceive that the Act does not provide for a public prosecutor. Any person may be the informant; but you will agree with me in thinking that very few medical men would be likely to assume the ungracious task of taking upon themselves the revolting duty of becoming informants. Were a public prosecutor to be appointed, whose duty it would be to take cognizance of every infraction of the Medical Act, upon being duly notified by any person aggrieved, and the prosecution carried on in the name of the Medical Council, and the expenses attendant thereon borne by that body, I am persuaded that much of the evil complained of would cease to exist.

Who the prosecutor should be, and what his profession—whether the chief constable of every town, or the county attorney, or a practising lawyer—I am not prepared to say. The advice of the Medical Associations formed throughout the Province would require, I think, to be taken thereon. Another amendment to the Medical Act, at the present time, is loudly called for, and that is in regard to the bringing of actions for malpractice. It is well-known that any person of a litigious disposition, actuated by avarice, may bring an action when he pleases against his medical attendant, without reference to any limitation of time. Instances are frequent where actions have been brought many years after convalescence has taken place, and the poor unfortunate medico notified in the most polite manner that his presence is required in a court of justice, there to be victimized, and to answer for a crime of which he never thought himself guilty. The case is tried, and you all know what the result generally is. If the time was limited for the bringing of actions, and available witnesses could be subpœnaed in the interest of the medical attendant at once, instead of waiting for an indefinite period, where exculpatory evidence would be difficult to secure, we would have fewer verdicts in favour of the plaintiff and fewer cases tried in Court. It is also my unqualified opinion, that in all cases tried for malpractice, there should be a certain number of jurors taken from the medical profession, which number should form part of the jury, and the case then tried in the usual manner. The thing is supremely ridiculous for a medical man to be tried in a case of alleged malpractice, when the jury is composed of men who know nothing about the nature of what they are sworn to try. Here I give you a gentle hint—that medical men are not considered favourites in a Court of Law. A medical man or two upon the jury would be able to explain to his fellow-jurors the nature of the case, and justice thereon be better administered.

There is another amendment that ought to be embodied either in the Medical Act or the Criminal Law Procedure Act, that is, the payment of medical witnesses in criminal cases. It is a hardship of some magnitude for a medical man in active practice to be compelled to attend and give evidence in a Court of Law, and receive little or nothing for services thus rendered.

I am informed that one of the Ministers of the Crown has it in contemplation to embody that reform in some special Act at next meeting of Parliament. Be that as it may, we will not dispute about the right or the manner of how our fees are to be paid, or from what source, so long as we get the one thing needful.

In reference to the subject of tariff, I have purposely avoided saying anything about it, as we have that item in our own hands, and it can be dealt with by the Medical Associations.

The last thing I shall deal with is that of the Board of Medical Examiners. It seems to have been the custom of the Council to have so many Examiners appointed from among the members of the Board, and a certain number from among the medical practitioners outside that body. Latterly it seems they have all been appointed from among the members of the Council. There is, to my knowledge, a wide spread dissatisfaction among the members of the profession, at the monopoly that exists in the Council regarding the manner in which the Board of Examiners is appointed. The law does not contemplate that the Examin-

ers, as a necessity, shall be members of the Council. It provides that the Board shall be composed of one member from each of the four teaching bodies now existing in Ontario, and one from every school of medicine which may hereafter be organized in connection with any University or College, which is empowered by law to grant medical or surgical diplomas, and a number not exceeding five members to be chosen from among those members of the profession who are unconnected with any of the above teaching bodies.

My opinion on that point is, that the honours should be divided, and the members of the profession outside the Council should be invited in rotation to a seat at the Board of Medical Examiners, and the monopoly that exists in the Council should be instantly abolished. By appointing Examiners outside the Board, confidence would be better established between the Council and the profession generally. There are many medical men practising their calling in obscure and remote parts of the country who are well qualified for the office and who would feel proud of being recognized by the Council as fit and proper persons for Examiners. Were the Council to look around and see the good they might accomplish, by appointing such members of our profession to the Board of Examiners, that alone would go far to add lustre to their other duties, thereby giving a greater amount of satisfaction to the profession as a whole, than is done by continuing the present unpopular system. To earn a living by the medical profession is no bed of roses—*medico vivere est miseri vivere.* If we can do anything at any time to promote each other's happiness it should be done at once. These then are some of the improvements I would wish to see carried out. There may be defects in what I have at the present time advanced, but one thing I feel inclined to state, that in the elucidation of my views before this Association, all the remarks I have made are my own.

DR. KERR'S REMEDY FOR DYSENTERY.

BY A. WORTHINGTON, M.D. CLINTON ONT.

The time is near when we may expect to meet with cases of dysentery either as an epidemic or in a sporadic form and as the treatment of that disease and the severer forms of diarrhœa is uncertain and, unsatisfactory it is but natural that we should turn our attention to any remedy the composition of which is given, which promises to benefit our patients in a greater degree. Sporadic cases occur every season, but it is not often seen in an epidemic form in temperate latitudes and in an elevated country. It did however sweep the northern portions of the county of Huron in the autumn of 1867 in a fearful manner taking in one instance all the children—four—from one family. This epidemic seemed most severe in the lower portions, bordering swampy land, and the most skilful treatment seemed to have only the effect of conducting the disease to a safe termination in some cases, and these prolonged to four and five weeks. In view of such a contingency it becomes the unquestionable duty of every medical man into whose hands lives are intrusted, to avail himself of any remedy that will cut short the disease and save the patient, if such a remedy can be found. My attention was called to "Dr. Wm. Kerr's remedy for Dysentery," by seeing his article on that subject in the August number of the CANADA LANCET for 1873. I immediately sent for and determined to give it a fair trial. The result has been so satisfactory to me that I would not be without it if I could get it, and I am induced to submit the few severe cases which have come under my notice, through the columns of your Journal, to the profession, feeling confident that any medical man disposed to give Dr. Kerr's remedy a trial, will seldom be disappointed. On the 23rd. Aug. 1873 Wm. I. and wife came two miles with their child eight months old; she had had dysentery for two weeks, and from seven to ten motions daily with a great deal of pain and tenesmus; stools were sometimes all blood and more or less blood in every one; prostration seemed great and from all I could judge she had not long to live. I put up twelve 1 gr. powders of Kerr's squill combination (squills, stramonium, dulcamara, sium lineare, cicuta maculata, and conio-selinum canadense), with directions to give one every third hour till she was more comfortable, and then every fourth hour, giving her one in my office before the parents left. I learned from the father about a fortnight after that the little one began to improve at once and in a week was nearly well; they had no further trouble and I gave no more medicine.

Mrs. B. C. brought her child fourteen months old to my office on the 26th Aug. 1874 and stated

that her boy had been taken two days before with a very bad diarrhœa and high fever with ten or twelve motions daily, great pain and straining accompanying each motion. The stools to use the mother's words were "like grass ground up." Gave eight 1 gr. powders of Kerr's squill combination and directed her to give one every third hour. 28th the child began to improve after taking the second powder. The fever began to subside and is now gone. The stools became less frequent and more natural and the pain and tenesums gone, had but one stool last night and one this morning. Gave no more medicine. The child was again in his usual health in a few days.

G. B. Male; aged 30; came to my office on the 4th of Oct. 1873 and said he was passing nothing but blood and had a good deal of pain and tenesmus at stool. Gave him six powders composed each, of Kerr's digitalis combination* grs. vi, Plv opii gr iss; one to be taken every fourth hour till better. Saw my patient two days after and he said he had taken but two of the powders and was quite well again and at his work.

On Oct. 13th 1873 I was called in consultation with Dr, Campbell of Seaforth to a case of his, Mrs. R. G. who had been recently confined. Her labor was followed by a violent attack of colliquative diarrhœa which had for over a week resisted all the known remedies. Under this and a mild attack of bronchitis she seemed to be gradually sinking beyond any hope of recovery. She had a very large, dark brown offensive stool while I was present. I advised the administration of six grain doses of Kerr's digitalis combination with opium one grain, one to be given every fourth hour. Dr. C. told me afterwards, that he had to increase the dose of the combination to get the desired effect. Improvement was manifest, after she had taken two or three powders; she made an excellent recovery. Dr. Campbell had none of Dr. Kerr's combination or he told me he should have used it.

W. W. consulted me in connection with Dr. Stewart of Brucefield in Oct. 1874 in reference to his child, a little girl about 4 years of age, and generally delicate. She had been attacked with diarrhœa over two montns before, which had become chronic and nothing seemed to be of any avail to check it. I was then out of Dr. Kerr's combination but sent at once for it and gave some to Dr. Stewart under whose judicious management she soon got quite well.

It will be noticed that I have only mentioned two cases where the discharges were dysenteric. Quite a number of mild cases came under my care which I did not think necessary to put into my case book, all of which yielded readily to either the digitalis or squill mixture with or without opium. The first case of diarrhœa mentioned I did not doubt would have ended in dysentery.

The case of Mrs. G. was the worst one of colliquative diarrhœa, I ever saw and Dr. C. told me that prior to the administration of Dr. Kerr's remedy nothing he had done appeared to check the disease, and when I saw her there was every appearance that she must soon sink under the frequent and exhausting discharges. I have frequently used Dr. Kerr's remedy in the diarrhœa of phthisis with the same uniform good effect. It appears to me to exercise a control over the abnormal action of the bowels beyond anything else I ever saw or used.

* Same as the squill combination except that digitalis is substituted for squills.

NOTES FROM PRACTICE.

BY H. B. EVANS, M.R.C.S., ENG., KINGSTON.

PARAPHYMOSIS.—In a case of paraphymosis occurring in a young patient, æt. 7, not amenable to the ordinary treatment, on account of his violence, 20 grains of chloral hydrate were given; during the sleep that followed chloroform was administered, the turgid glans punctured freely with a lancet and bleeding promoted by warm fomentations. In twenty minutes ice was applied; contraction of the glans took place, and reduction effected with the greatest ease.

ERYSIPELAS AND EEVER.—Recognizing the beneficial influence of inunction in eruptive fevers generally, I was led to apply the same treatment in erysipelas, intermitted with fomentations of warm soft water. Lately I saw a plethoric young man suffering intensely from this disease in the head and neck. The regulation nitrate of silver was there in a *thin black line*, to stop the onward march of the enemy, and the indispensable heating, drying, tincture of iodine to constringe the capillaries, according to the theory of the humorists, was there also, to

heighten the color of this beautiful picture. Immediate relief, and the remission of the most urgent symptoms took place on application of the above simple treatment.

I recollect a case of typhoid fever which recovered almost against hope, in which, after all active symptoms had abated, the patient seemed as if he would disappoint our expectations at last. The tongue was clean, and the pulse, under the circumstances, natural; the appetite not bad, but the skin kept dry and scurfy. Warm sponge bathing was recommended, and followed with only temporary benefit. Inunction of fresh lard was then applied twice a day; under its use the skin became soft, pliable and moist, followed by rapid recovery.

HEMORRHOIDS.—A case of external hemorrhoids presented itself, tumid, vascular and ulcerated, with all the usual symptoms of that painful disease. Any operative proceeding in which the knife was to act a part, was strongly objected to, but relief was earnestly implored. Congelation of the protruding part was effected by the application of pounded ice and salt in a muslin rag, and the insertion of a conical icicle into the rectum. Fuming nitric acid was immediately applied with the usual precaution; violent reaction took place, which resulted in sphacelus, separation of the diseased and dead parts, and a perfect cure.

WARMTH IN PYREXIA.—Every intelligent practitioner must recognize the therapeutical effects of the prolonged, steady and regular application of cold in pyrexia. Did it ever occur to any one that the same systematic use of warmth would have a similarly beneficial effect? In infantile pneumonia we are content perhaps to order the warm bath, once in twenty-four or thirty-six hours, little thinking how fast and fatal the stages of this disease succeed one another. In the first, that of engorgement, a warm bath in a hot room, given every two hours will generally cut short the disease, by promoting an equilization of the circulation, and relieving the congestion on which it depends. If your little patient is fearful of the water, throw a sheet over the tub, and let him gently down into it, supporting him in your arms, and he will resign himself quietly to the bath, and will be much relieved and comforted by it.

CHLOROSIS.—In the treatment of chlorosis I have found great benefit from the administration of purgatives before commencing with a ferruginous and tonic course of medicine. They remove effete matters and prepare the system for what is to follow.

SUMMARY OF ONE THOUSAND CONSECUTIVE OBSTETRICAL CASES IN PRACTICE.

BY FIFE, FOWLER, M.D., F.R.C.P.S., KINGSTON.

The following summary is presented in the hope that it may prove of interest to the profession at large, and that in conjunction with papers of a like character it may add somewhat to the knowledge of this department of medical science. This summary does not require many explanatory remarks. Attention will no doubt be directed to the mortality of children in the breech, footling and turning cases, which must be admitted to be large, particularly so when compared with lists furnished by those who advocate turning in preference to the use of the forceps; but to the author of this paper, head-last cases have always appeared fraught with dangers to the child, dangers which in the majority of cases cannot be avoided. It is also to be remarked with reference to the cases of undue retention of the placenta that they almost all occurred in cases in which no skilled assistance was at hand during the birth of the child, and the case of longest duration occurred on a part of an island which was not very accessible. Regret has to be expressed that no reliable statistics could be furnished bearing on the mortality of females in childbed:

Of 1016 children born, 533 were boys and 483 girls. 120 boys and 117 girls were born between 12 noon and 6 p.m.; 120 boys and 101 girls were born between 6 p.m. and midnight; 148 boys and 124 girls were born between midnight and 6 a.m.; 145 boys and 141 girls were born between 6 a.m. and 12 noon.

Among these were 16 twin cases, comprising 16 boys and 16 girls. In 6 cases both children were boys; in 6 cases both children were girls; in 10 cases both children were born alive; in 2 cases both children were born dead; in 4 cases 1 born alive.

The presentation was natural with respect to both first and second child in 4 cases; but in one of these cases the first child had to be delivered by instrumental means, (craniotomy having been per-

formed), and the second child by turning, and in another of these cases the forceps had to be employed.

Amongst the twin cases there were 6 breech presentations, viz.: 3 of the first child, 1 of the second, and 1 of both children; 4 of these were boys and 2 girls.

There were 5 footling cases—4 in the case of the second child, and 1 of the first; 3 of these were girls, and 2 boys.

There were three cases where the second child was born with face to pubis.

There were in these twin cases 2 children born, each having one hand along the side of the head, and one having both hands in this position, and one case was complicated with partial placenta prævia.

In the thousand cases there were 23 cases of breech presentation (12 boys and 11 girls); of these there were born dead, 5 boys and 7 girls.

There were 13 cases of foot presentation (9 boys and 4 girls); of these there were born dead 4 girls and 3 boys.

Arm presentation, 4 cases (2 boys and 2 girls); 1st case, both arms found in vagina (embryotomy); 2nd case, born alive after turning; 3rd case, born dead after turning; 4th case, born dead after turning (complicated with prolapse of cord).

One case of shoulder presentation; born alive after turning; 23 cases of face to pubis; 2 cases of brow presentation; 5 cases where one or both hands were along the side of the head; 3 cases of partial placenta prævia.

There were 212 cases where labour was easy and lasted less than three hours; 105 of them were boys and 107 girls.

There were 97 cases where labour was tedious, lasting more than 18 hours; 56 boys and 41 girls comprised these cases. In these tedious labours the os was rigid and slow in dilating in 46 cases; membranes ruptured early in 17 cases; outlet narrow in 14 cases; cord short or round the neck in 10 cases; child large in 9 cases; os retroverted in 7 cases; membranes rigid in 3 cases; face to pubis in 3 cases, upper strait narrow in 1 case; hand alongside head in one case; inertia of uterus in 1 case.

Premature births; 27 cases (17 boys 10 girls); 15 cases at 7 months; 10 cases at 8 months; 1 case at 6 months; three cases of twins.

Still-born children, 48 cases (28 boys, 20 girls); where children showed evidence of having died in utero, 15 cases; born dead after breech presentation, 12 cases; born dead after foot presentation, 7 cases; born dead after funis presentation, 5 cases; when born prematurely, 7 cases; in cases of twins, 8 cases; after placenta prævia, 1 case; after convulsions and use of forceps, 1 case.

Operative cases. The forceps were used in 19 cases (13 boys and 6 girls); of these 14 were born alive and 4 dead.

In the forceps cases there was found to be narrowness of the outlet in six cases; tedious labour 5 cases; inertia of uterus in 3 cases; convulsions in 2 cases; face to pubis and large child in 2 cases; partial placenta prævia in 1 case.

Craniotomy was performed in three cases, and embryotomy was performed in 1 case. Turning was performed in 4 cases; of these three children were born dead.

Ante-partum hemorrhage occurred in 10 cases; accidental hemorrhage in 6 cases; and unavoidable (placenta prævia) in 4 cases.

Post-partum hemorrhage occurred in 24 cases; after quick labour with inertia in 16 cases; adherent or retained placenta in 5 cases; hemorrhage was concealed in 4 cases; after tedious labour in 1 case; after mental excitement in 1 case; after hour glass contraction in 1 case; only one of these cases proved fatal. In this case before assistance arrived the woman had been dead half an hour, the placenta was blocking up the vagina and the uterus was distended.

Puerperal convulsions; 2 cases, both occurring before delivery, the forceps were used in both cases followed by recovery.

Undue retention of placenta; from inertia of uterus 9 cases; os contracted round placenta 7 cases; placenta adherent 5 cases; in uterus, free but os contracted, 4 cases.

Length of time retained; 1 hour, 9 cases; 2 to 4 hours, 8 cases; 5 to 9 hours, 5 cases; 12 hours, 1 case; 14 hours, 1 case; 72 hours, 1 case.

Abnormal condition of children when born; acephalous children, 2 cases; where arm had been amputated in utero leaving a good stump, 1 case; spina bifida, 1 case; hare lip, 1 case; cleft palate 1 case.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In a paper on "Abortion," read before the "Western and St. Clair Medical Association," and published in the CANADA LANCET of the 1st inst., the writer animadverts "upon some extraordinary statements sworn to in a recent murder trial in this Province," that: "aloes has no tendency to produce abortion; not a medical man under the sun can produce abortion with safety; in nine cases out of ten, the medicine will kill the woman; and if instruments were used the most disastrous results would follow." While I must admit that I am the author of "statements," which might appear "extraordinary," "startling," and even "exaggerated" to those, who, regardless of the reputation they injure, are willing to accept as literal facts, the hur-

ried jottings of the occasional correspondent, upon a subject, that to him is like Greek to the Choctaw Indian—and from such data, hold up to scorn and contempt a medical confrêre, whose chief misfortune was, that he could not prevent his utterances, on a certain memorable occasion, being most villainously reported; yet I will not admit that I could read the above extracts, and bring to bear upon them one-tenth part of the diagnostic skill, which any experienced medical man ordinarily exhibits at the bed-side, and declare them to be authentic. How absurd to say unqualifiedly that: "aloes has no tendency to produce abortion," when a sudden shock or even a distended rectum will cause some women to abort; yet a favorite prescription of Burns for the constipation of pregnancy was hyoscyamus and aloes. Then, what connection exists between "medical man" in the second extract, and "medicine" of the third, although they evidently refer to the same subject? But the last extract, standing alone without its context, and made applicable to the general subject treated of, looks like a foul eschar daguerreotyped and commented upon to damage the professional reputation of a Canadian graduate. What I did say, was this: "In a woman not predisposed to abortion, aloes would not produce it; not a medicine under the sun would produce abortion with safety to the mother; in nine cases out of ten, the woman would die. But where there was a predisposition, aloes might, just as jumping out of bed or riding over a rough road might accomplish it." My remarks were intended to apply to cases of abortion in the early months of pregnancy, as it is generally understood by the profession, and not to cases of premature labor, when the fœtus becomes viable; for it is well known that frequently in women a predisposition to abortion is acquired in the later months of pregnancy, exacting from the medical attendant a more careful selection and administration of drugs, and from the friends a more scrupulous attention to their needs and caprices. I endeavored by my evidence to establish before the court, the general inefficiency of all medicines in producing abortion, and the extreme hazard of their use with that intent. That aloes acts specially on the rectum, and that the rectum is in close contiguity to the uterus, is no proof that it possess abortive tendencies. It would have to be given in sufficient doses to produce colitis or a general shock to the system, before such an undesirable result could be brought about. But De La Motte informs us that "he has seen the most energetic evacuants produce gastritis, enteritis, peritonitis, and death itself, without abortion following as a consequence." Indeed so well established are the proofs of the insufficiency of medicines to induce abortion, except under peculiar conditions, that I have yet to see an authoratitive exponent of a contrary opinion. The application of my evidence was to this effect, that it was most unlikely that a medical man of experience and skill, as Dr. Sparham was well known to be, would use medicines at all, to accomplish what every medical tyro could not fail to know was attended with much risk. While if he did prescribe a medicine, which might be tortured to possess abortive tendencies, it would be even less likely, if his intent were criminal, that he would combine it with two other medicines that must modify and control its peculiar action. I declared to the court that the fact of Dr. Sparham's prescribing iron, myrrh and aloes was sufficient proof to me that he had no intention of inducing abortion, when he recommended their use, as the effect of these in combination would be preventive, rather than productive of it. The last extract, upon which the author of the article referred to, comments so severely, viz.: "if instruments were used the most disastrous results would follow," is neither true in letter nor in spirit. The Crown Prosecutor was questioning me as to the probable results of an attempt at abortion by instruments upon a woman scarcely two months advanced in utero-gestation, before the ovum had lost that intimate connection with the womb, which so characteristically marks its early growth. In such a case, I remarked, "if instruments were used the most disastrous results might follow." My evidence upon this point was intended to make the fact patent to all, that no well-read medical man, irrespective of criminal intent or not, would think of using instruments to produce abortion at a period of pregnancy when the ovum and its membranous envelope had not fully occupied the uterine cavity. The danger arising from the use of instruments was, in my opinion, in an inverse ratio, greater, the further removed from "full term," the attempt was made. In fact, I declared my belief that it was extremely hazardous to attempt an abortion with instruments, under any circumstance, before the close of the third

month, and that Dr. Sparham, an educated practitioner of twenty years experience, must have been aware of the fact as well as myself. Hence, it was to the last degree improbable that he would run the risk of killing the woman rather than wait, (upon the supposition of criminal design,) until the operation could be performed with very much less danger. The probabilities were altogether in favor of the prisoner. I have taken the liberty, sir, of occupying a portion of your space, in order that those who have read the strictures which appeared in your last issue upon a part of my evidence may have, to that extent, the opportunity of reading my explanation and justification. Possibly on a future occasion I may review the whole case now so celebrated and so interesting, in a medico-legal point of view. That I was placed in a position, in the performance of my duty in the witness box, exposed to the envenomed shafts of stern rebuke and ridicule, and that the author of the article referred to, lacked that charity towards a brother "that thinketh no evil," is not "*mea culpa.*"

Yours, &c.,

M. K. CHURCH, M.D., C.M,

Merrickville, June 7th, 1875.

To the Editor of the CANADA LANCET.

SIR,—In your last month's issue you published a letter from J. H. Halsted, containing many mis-statements, and charging a certain Dr. with a "gross violation of ethics." I will, as briefly as possible, state what occurred. On the night of the 10th of May I was in the neighborhood of J. N's. residence (about ten miles from here) attending a woman in her confinement, and there met the wife of J. N. for the first time, and was not even aware that her husband had a broken leg, so could not have asked questions about him. In the course of conversation she said something about his leg, dwelling on the fact of his having so much pain, and saying she did not think it was "set right." I did not take much notice of her story, but told her that it was not unusual to have considerable pain, and that likely the leg would come all right, or the Dr. would not have left it so. The subject then dropped, but she referred to it several times through the night, blaming the Dr., &c., as usual. I said nothing that any man could consider as the slightest breach of etiquette. I was starting for home in the morning when she asked me to go and see her husband's leg. I refused but she persisted, saying she did not think the leg was "right;" that Dr. Halsted had given up the case for two weeks, and that if I did not come she would get some one else. At last I reluctantly consented to go. I examined the limb and re-applied the bandages, pasteboard &c., with plenty of padding underneath. They were also extended so as to take in both knee and ankle. I did not "pocket ten dollars." I did not "think of the good job for myself," and I am certain I did not think of putting an obstruction in the Dr's. way. I will now leave you and your readers to judge where the "gross violation of ethics" comes in. Thanking the Dr. for withholding my name, I will just inform you that the person connected with this disgraceful affair is

Yours truly,

T. G. TAMBLYN.

Garafraxa, June 19th, 1875.

INDIA-RUBBER TUBING AS A SUBSTITUTE FOR ESMARCH'S BANDAGE.

To the Editor of the CANADA LANCET.

SIR,—Allow me space in your valuable Journal to refer briefly to a case of operation for necrosis of the tibia, in a lad 13 years of age, in which india-rubber tubing was used successfully as a substitute for Prof. Esmarch's bandage for controlling the hemorrhage. The case was under the care of Drs. Walmsley and Lutz, of Elmira, and I was invited to assist at the operation. Not having any proper appliance or rubber band, some stout India-rubber tubing was used in its stead, and with very satisfactory results. The entire shaft of the bone was necrosed, from the tubercle to the internal malleolus. The portion of bone which forms the broad shallow groove for the lodgment of the tendons of the tibialis posticus and flexor longus digitorum was also implicated. In making the incision through the soft parts, and removing the sequestrum, the sponge was not required; in fact there was not an ounce of blood lost during the whole time of the operation. At last accounts healthy granulation was going on, and the patient was progressing favourably.

Yours truly,

W. O'DELL ROBINSON.

St. Jacobs, June 11th, 1875.

Selected Articles.

CHLORAL HYDRATE IN STRYCHINA POISONING.

The following case is reported by the physician to the Glasgow Royal Infirmary; P. G,——— a butcher, aged thirty-nine, while in a desponding state, occasioned by the loss of money, went into a chemist's shop in High-street, Glasgow, on March 12th, and bought two sixpenny packets of "Gibson's vermin-killer." Afterwards he adjourned to the private room of a public house in the same street, and ordered a glass of whisky and a bottle of ginger ale. He emptied the contents of the packets into a tumbler, dissolved them with whisky. Observing, on finishing some grounds remaining in the tumbler, he put in more ginger ale, and left a pretty clean glass. This was about 11.30 A. M. Having done this he went across the street to the shop of a neighbouring butcher, and, complaining to him of feeling giddy, desired to sit down. Shortly afterwards he had what the people of the shop imagined to be a kind of fit, which lasted a few seconds. On recovering from this he told what he had done, but his statement was not believed. He had a succession of fits, as they were termed, and an emetic of hot water and sulphate of zinc was given at one P.M. an hour and a half after taking the poison. Only partial vomiting ensued. The fits becoming worse, he was taken to the Royal Infirmary at 3.30 P.M., and placed in a side room. His condition on admission was as follows:—His body was covered with a clammy sweat, and the expression of his face was suggestive of the most painful and intense anxiety. His pulse was quick and full, from 110 to 120 in the minute. The slighest movement in the room made him start, and the gentlest touch on the hand, arm, or body at once threw him into a violent spasm. His body then became bent, his head and feet forming the extremities of the arch. His eyes were large and prominent, rolling about from side to side, while the pupils were normal in appearance. His nostrils were twitching and dilated, and froth mixed with blood escaped from his mouth. His lower jaw was protruded, and drawn back with a loud cracking sound. His arms were extended, and his hands firmly clenched.

These alarming phenomena, lasting for about half a minute, were followed by an interval of comparative calm, during which the patient could answer questions. The slightest elevation of the tone of voice or movement of the bed-clothes at once reproduced them. The spasms on admission occurred every ten minutes, and increased in severity and frequency until the specific treatment employed had its effect.

Treatment..—On admission, the house-physician passed with difficulty, the stomach-pump. As might be supposed, considering the interval that had elapsed from his taking food, nothing was withdrawn but some sour watery fluid, probably the water which had been given to him previous to his admission to the hospital. Shortly afterwards, one drachm of the syrup of hydrate of chloral, strength 10 grs. to the drachm, was given to him. This was at 4.50P.M. Twenty minutes after, the dose was repeated. Very little effect seemed to be produced; and at 5.30 P.M. two drachms were given. Immediately afterwards there was a severe and prolonged spasm, succeeded by a flaccid state of the muscular system, hurried respiration, quickened pulse, and drooping eyelids—phenomena which indicate the effect of chloral. The patient now answered questions readily, expressed great anxiety as to his recovery, and, using a very characteristic simile from his occupation, said the pain he endured all down his back was "just as if he was being boned." I allowed an interval of half an hour to elapse before giving him another drachm of chloral, during which he had four spasms, but their intensity and severity were diminished. After the administration of this dose, though the muscular twitching continued at varying Intervals, and could be aroused by touching the skin yet the acute and prolonged spasms were not evoked. At 7 P.M. another drachm of chloral was taken, and again at 9.30 P. M. At 2 A.M. the report states that he had dozed occasionally, but started up at the slightest movement in the room. At 3.15 A.M. the patient was restless, but with no spasms; pulse 118, of good quality; he was perspiring freely. At 9 A.M. he complained of pain over the bladder. He could not pass urine although anxious to do so. He had not voided urine since 11 A.M. on the previous day. Catheter passed and ninety ounces of amber-colored urine taken away.

During the next two days patient complained of pain in his back, as if he had been well whipped. His diet consisted of milk and ice, and in four days he had completely recovered, and said if he did wish to die he would choose a less painful death than "Gibson's vermin-killer."

Two packets (*6d.*) of the vermin-killer were analysed. Dissolved in an excess of alcohol, and filtered and evaporated to dryness, the characteristic reactions of strychnia were given with bichromate of potash, peroxide of manganese, nitric acid, &c. It was found that each packet contained fully two grains of strychnia. That recovery should have followed such a dose seems almost incredible; and in my opinion, and in that of others who witnessed the case, was entirely due to the action of the hydrate of chloral. It may be mentioned, to account for the slowness of the action of the poison, that the man took it after a most substantial breakfast of ham aud eggs &c., and in addition he was a

most powerful, healthy man, weighing fully 15st., and 4ft. 11in. in height. In order still more fully to test the strength of the vermin-killer and the efficacy of the hydrate of chloral, the following experiments were made by Dr. Renton and myself, in presence of the students.

1. To a rabbit the powder—a threepenny one—(containing a grain of the poison), dissolved in alcohol, was given by the mouth, or rather attempted to be forced into it. Allowing that probably one-half of it was spilled through the struggling of the animal, death ensued in ten minutes after one spasm.

2. Another threepenny powder was filtered as described, and found to contain fully one grain of poison. This was again dissolved in alcohol. The solution now measured forty minims. Five minims. were injected hypodermically; and immediately afterwards followed by twenty minims of the syrup of hydrate of chloral and continued as rapidly as the syringe could be filled, until in all one drachm was injected. Though slight twitching was observed, no fatal effect ensued, the animal sank into a tranquil sleep, every muscle flaccid, and ultimately recovered.

3. To show if the quantity injected was really poisonous, five minims were injected into another rabbit. After an interval of eight minutes the ears of the animal commenced to twitch, and two minutes afterwards was followed by a severe and apparently fatal spasm. While thus struggling, as quickly as possible one drachm of the syrup of hydrate of chloral was injected, with the result of the diminution shortly of the spasm, and the recovery of the rabbit.

4. On the following morning both rabbits were apparently well, and could take food. On attempting, however, to move the one on which the experiment No. 3 was made it was found that it was paralysed from the middle of the spine downwards. It was unable to move its hind legs. Eight minims of the same solution were injected, and death ensued in five minutes. The same injection was sufficient to kill the other one in four minutes.

Remarks.—These experiments amply confirm what was pointed out by Dr. Bennett's committee of the antagonism between strychnia and hydrate of chloral in the lower animals, and it is most satisfactory to know that an otherwise fatal dose of strychnia can be obviated by the administration of chloral in the human subject. That the man would otherwise have died was most evident—that he survived seemed almost miraculous, and was solely due to the action of the chloral. This fact should be carefully considered in the treatment of tetanus. —*The Lancet.*

A FRENCH VIEW OF AMERICAN DIPSOMANIAC ASYLUMS.

With the increase of intemperance in France, there have arisen attempts to restrict it, and M. L. Simonin records, for the benefit of his countrymen, his experience of the system in force in the Dipsomaniac Asylum in Ward Island, New York. As to the necessity for such measures in the United States there can unhappily be no question. In Maine, where the Legislature has shown itself so keenly alive to the prevalence of the vice, there were in 1873 as many as 18,000 inebriates out of a population of 630,000. Restrictive enactment has merely driven the drunkard to ingenious devices for gratifiing his propensity; and, according to medical statistics, the cases of delirium tremens have been quadrupled in Main since its celebrated Liquor Law. The "bold bacchanal" is now a hero to be admired in New York, where the "four-bottle man" is looked upon as his prototype used to be during the Regency in England; while so general has the tippling habit become that physicians trace to it not only the general frequency of apoplexy, but those epidemics of sun-stroke which have prevailed in some large American towns these last few summers. Our readers already know of the establishment of the Dipsomaniac Asylum in Ward Island in 1864; how provision was made in it for accomodating all classes, rich and poor; how the inmates are divided into two classes, the voluntary and the penal; and how the first of these is subdivided into three groups, who pay for aliment 14 or 8 or 3 dollars a week, according to the scale of the three classes of hotels. The 14 dollar inmate may live luxuriously, everything being provided except intoxicating liquor. He may have a private room, and live with his wife, where she has been courageous enough (the thing has happened) to share his seclusion. The voluntary patients arrive in all conditions—helplessly drunk, or in a state of delirium tremens, or under the coercion of friends; and their first day of entire abstinence is generally one of extreme prostration. So low are they sometimes that the physician allows a little spirit in the form of punch or rum-omelette, and gradually reduces them to a non-alcoholic diet. In spite of every effort to amuse them, they look unutterable listless and *ennuyé*. All self-respect is gone, and they bear the scrutiny of visitors unabashed and unconcerned. Billiards, books, splendid promenades, have no attractions for them, and they often try to escape. This they sometimes effect; but are easily brought back from the nearest bar. In 1871, out of 1718 patients 109 escaped. The non-voluntary inmates are more contented, because they are made to do work; but even they try to get out. M. Simonin found that the system had failed to satisfy its promoters, some of whom, accordingly, wanted to give it up; but it was argued that

it had not got a fair trial, and so the Ward Island Asylum is still in operation. The women have now been separated from the men, and occupy a special establishment in Randal Island. One practical objection to both institutions is that they do not pay. The yearly expense for the Ward Island Asylum is 40 per cent. in excess of the income from the voluntary patients. All these facts, M. Simonin thinks, must be considered before the adoption of the system in France. He is sceptical as to the permanance of the drunkard's cure, and hardly knows a case in which the habit has been conquered, except by that effort of will which can be put forth as well at home as in a dipsomaniac asylum.—*Cor. Lancet.*

ON A NEW AND EFFECTUAL METHOD OF ADMINISTERING CHLORAL AND BROMIDE OF POTASSIUM IN DISEASES OF WOMEN.

BY G. DE GORREQUER GRIFFITH, L.R.C.P.LOND.

Mrs. M., aged 26, gave birth at her full time to a healthy male child, on Sunday, July 19th, 1874, being attended for me by Mr. Smith. The labor —primipara—was natural, and was completed within thirteen hours; but towards the close of it, the soft parts offered great resistance, which, however, was overcome by patient waiting, and without any manual interference, or any rupture of the perinæum. Every thing went on well till the night of Saturday, July 25th, when it was necessary to draw off the urine, as none had been passed for twelve hours. In four hours, she was again seen; she had become restless, complained of not being able to sleep, and had a pulse fast and quick, but full and strong; she was feverish, and I therefore prescribed for her a diaphoretic aperient, which acted effectually. As she had not slept much the previous night, and was still restless, I gave her a sedative of opium and chloral, and had the vagina well washed out by means of warm water with Higginson's syringe.

On Monday, July 27th, acute puerperal mania declared itself unmistakably. She refused all kinds of food, as well as her medicine; would not allow the urine to be drawn off, nor the syringe to be used, and became very violent. Under these circumstances, I had to put her under chloroform, in order to do for her all that was necessary, and to procure her some sleep.

Tuesday, July 28th.—She was put under chloroform three different times, and had done for her as on the previous day. I gave her subcutaneous injection of morphia, using one-third of a grain only. The chloroform acted quickly, very little being sufficient to anæsthetize her; it did not occasion sickness, nor any other bad symptom; but it did not assuage the delirium, which returned with the reaccession of consciousness. In the evening, while she was under the influence of the chloroform, I gave her a subcutaneous injection of morphia (one grain), which had the effect of prolonging the soporific influences of the former drug, and of producing great contraction of the pupil. The discharge from the uterus and vagina being somewhat offensive, the syringe was used every four hours, Condy's red fluid being added to the warm water. The child was removed the very first day the maniacal symptoms declared themselves, and the breast-pump was used to get rid of the milk.

Wednesday, July 29th.—Chloroform was given at 9 a.m.; the patient was fed by the bowel; the urine was drawn off; a vaginal injection of warm water and Condy's fluid was given. At 1 p.m., chloroform was again given, in the same dose as in the morning, one grain of morphia being now injected subcutaneously. At 4 p.m., Dr. Cumberbatch and I met in consultation, and agreed to continue the administration of nutriment by the bowel; adding, however, to the egg and milk, half a wine-glass of pale brandy; and, as the morphia injections had not relieved the delirium, and had begun to aid in drying the tongue and mouth, and to induce other morphia symptoms, we decided to use an injection into the rectum of bromide of potassium one-drachm, chloral half a drachm, mixed with the egg, milk, and brandy; and to repeat the drugs, if necessary, every four hours. Accordingly, at 5 p.m., I put her again under chloroform, and injected into the bowel the nutriments, having the medicines previously mixed. She slept for about six hours. At half-past 11 p.m., as she was awake, restless, and violent, we gave her chloroform, and the enema, as at 5 p.m. She slept nearly the whole night soundly, awaking at intervals, but only for a short time, when she raved, muttering incoherently, and then again falling asleep. On July 30th, chloroform was administered, and the nutrient enemata; but, as she was drowsy and quiet, the bromide and chloral were laid aside all this day. On the 31st, in the afternoon, the bromide and chloral were again given her in one of the nutrient enemata, which she had regularly every four or five hours.

Saturday, August 1st.—She being quiet, having lapsed into a state of imbecility, and taken some nourishment by the mouth, as well as allowing the egg, milk, and brandy to be given her by the rectum, the chloral and bromide were discontinued; and I am happy to learn that, in the asylum, whether she was moved, she is convalescing.

The difficulties in this case can hardly be estimated, unless they had been witnessed, so strong was the patient and so violent; and it would have been impossible to feed her, or, indeed, do anything for her, without great violence, had chloroform not

been administered. As, however, the effects of this spedily passed off, little ulterior good might have been wrought, but from the chloral and bromide, the sedative and good effects of which were quickly manifest each time they were used, acting apparently more rapidly than when taken into the stomach; nor was there any diarrhœa, or other irritant effect produced on the bowel.

In very many cases, this mode of giving chloral is, I consider, the best; since it does not nauseate, nor does it sicken, nor give that unpleasant taste in the mouth which remains long with some patients, nor does it occasion the burning in the mouth, throat, and stomach, of which many patients complain, a sensation which may be prevented in the rectum by beating up the drug with a raw egg, a little warm milk being added to further the solution. One great advantage is that the gastric nerves are not affected, as they are when the medicine is taken by the mouth; in which latter case they seem completely deadened, or, as it were, narcotised, a result which tends to impair the appetite.

Since my experience in this case, I have used the chloral in half-drachm doses, with a lady suffering the agonies of gall-stones, and in whom the stomach was so constantly irritable that no medicine could be retained; chloroform inhalation to narcotism, morphia by subcutaneous injection; and every conceivable remedy, had been tried to allay pain, and procure rest and sleep, but had all failed. In ten to fifteen minutes after the rectal injection of chloral, pain was assuaged, and in half an hour sleep was procured. I have in this manner also used it when menstrual pain and sickness could perhaps have been relieved in no other way; also in cases of uterine and ovarian irritation, where pain, such as we have in those affections, varied from the mildest to the severest states. In irritable rectum, also, I have found it most efficacious, and have just commenced to use it as a vaginal suppository. In uterine, ovarian, and rectal cases, it is an especially valuable agent, inasmuch as it is brought into immediate contact with the affected nerves, and acts upon them directly, deadening any hyperæthetic conditions, and relieving pain.

I have recently (end of April) seen the patient who was the sufferer from puerperal mania, and find her perfectly well in body, mind and intellect, quick and vivacious, with no trace of imbicility remaining. The patient suffering from gall stones, who had been for so long a time a sufferer without any relief, till the chloral was administered by the rectum, has remained quite well.—*British Med. Journal.*

VALUE OF VACCINATION.—The following vaccination statistics have been compiled from the books of the Montreal General Hospital. During the past twelve months, fifty-five unvaccinated persons were admitted into the small-pox wards. All of them except five have had the confluent form of the disease—*i. e.*, the serious form; and out of the fifty-five who were admitted, twenty eight died, showing a mortality in the unvaccinated of over 50 per cent. On the other hand, among those who had been once vaccinated and had two good marks on the arm, there were only four deaths. Only seven had more than two good marks, and those seven had the mildest form of the disease, and made a rapid recovery. Only two cases were admitted during the last twelve months who had been successfully revaccinated; and in them the disease was so mild that they might have been permitted, except as a precautionary measure, to follow their ordinary avocations. Thus, in the unvaccinated, the mortality was over 50 per cent.; among those who had been properly vaccinated in their infancy, but who had neglected to be revaccinated, there were only four deaths; while only two cases had been admitted where revaccination had been successfully performed, and they were of the mildest description.—*British Med: Journal.*

TINCTURE OF CAPSICUM IN THE TREATMENT OF "TIPPLING."—A correspondent of *Land and Water* throws out some suggestion to alleviate, if not cure, "tippling in private life." He says: Of course, as a rule, moral means, such as persuading or frightening the patient are futile. Dr. Ringer, in an able article in the *British Medical Journal* in 1874, advocated the use of capsicum, "given in doses of the tincture (ten drops), or the powder, twenty grains to be taken before meals, or whenever depression or craving for alcohol arises." It also induces sleep in early stages of delirium tremens. It obviates the morning vomiting, removes the sinking at the pit of the stomach, the intense craving for stimulants, and promotes appetite and digestion. This treatment I have tried with great success in several cases, and in one in particular, that of a young man, whom no one by any means in their power could possibly keep from tippling. Shut up the spirits, he had a key made on the quiet, while his wife was away for a day—of course he sent her. Take away his money, he would "tipple" on credit. He came under my care for bronchitis. I soon heard of propensity, and tried Dr. Ringer's treatment. I began by giving him five drops of the tincture in a little syrup of orange-peel, and some orange bitters, and increased the dose of capsicum to twelve drops. He rapidly improved, and at the end of a month he was quite another man. He was no longer to be seen in a half muddled state, hanging about the low cabarets and taverns by himself, but every day walking out with his wife, and taking an interest in all that was going on. He left here for England about three months afterwards, and I have since heard that he still takes to his bottle (the capsicum bottle) whenever he feels inclined to indulge in the other sort of "tincture.." Another case was that

of a lady, over forty years of age, but not so successful as one above cited. Of course, it is a great thing to wrap up the capsicum in a convenient vehicle, and the above suggested to me by M. Dutertre, the well-known pharmacian of our town, is, I think, as good a form as any.—*British Med. Journal.*

STRAIN AND OVER-ACTION OF THE HEART.

Dr, J. M. Da Costa, Professor of the Practice of Medicine in Jefferson's Medical College, Philadelphia, having been invited by the trustees of the Tonar Lectures to deliver an address, selected for his subject that of Strain and Over-action of the Heart. The number of cases of heart disease, unconnected with any history of rheumatism, gout, or renal mischief, that are met with in practice, imparts an interest to the subject. Some researches into the frequency and causes of heart disease in the United States' army, conducted under the auspices of the Surgeon-General's office, formed the starting-point of several of the conclusions which the lecturer advances. Discarding the ordinary and well-known sources of cardiac disease, Dr. Da Costa addresses himself to the consideration of a cause but little appreciated and to some scarcely known—the production of disease of the heart by strain and over-action. While there is a close connexion, at times nearly an identity, between the two, for the purpose of convenience the lecturer limits the idea of strain, unless the contrary is stated, to an acute strain—an injury by sudden, violent effort; and regards over-action, over-exertion, or over-work—for these terms may be employed almost synonymously—as a persistent excitement and derangement produced by less rapidly acting causes. Passing by those cases in which a rupture of the fatty or otherwise diseased muscular walls of the heart follows a strain, he adverts to those breaks and tears in the valvular apparatus and great vessels which clearly seem to be the result of a sudden disturbance. A person, for instance, is seized, after unusual exertion, with pain in the heart, and a distinct murmur is recognized. and followed sooner or later by the phenomena of valvular disease, varying, of course as this or that valve has been the one damaged. The aortic and mitral valves suffer most frequently from injury of this kind; but the same thing may happen to the tricuspid. A segment of the mitral valve has often been observed torn from its attachment. The patient will sometimes speak very positively about his impression of something having given way in the chest, and he shortly after feels severe pain. These attacks of pain, paroxysmal in character, attended with palpitation, embarrased breathing, and other manifestations of cardiac distress, are of course apt to recur and increase in severity. Most practitioners will be able to recur to their recollection occasional cases with a medical history of this kind; and two or three examples within our own experience may be taken as samples. The first is that of a previously healthy and robust man under forty years of age, who affected athletic exercises. One day, whilst undergoing violent exertion, he felt a sudden uneasiness in the chest which caused him to desist. Shortly afterwards, whilst quietly smoking a pipe, he gave a violent sneeze, and became then and there sensible of a peculiar sensation and sound attending the action of his heart. The sound was sufficiently loud to be audible to his companions; and, on subsequent examination, a loud humming murmur, generated apparently at the aortic opening, could be heard there and over the course of all the larger arteries. He passed from observation, but we ascertained that he died of symptoms connected with the cardiac mischief a few years afterwards. In the second case, a perfectly healthy, but not very muscular man, some thirty years of age, formed part of a boat's crew on an occasion of considerable excitement. Stimulated by the exertions, he put forth every effort, and continued rowing until in his words, he was "dead beat" and was removed from the boat in a fainting condition. He suffered much pain in the chest at the time, and expectorated a small quantity of blood. Shortly afterwards he was admitted into the hospital, and ultimately died, with the physical signs of extensive cardiac disease. A post-mortem examination revealed a small aneurism of the aorta, with an opening of communication between it and the pulmonary artery. The third case occurred in the person of an officer of fine physique, who was energetic and skilful in most athletic exercises. He traced the origin of a loud valvular murmur, followed by dilation and hypertrophy of the heart, to his habits in this respect. Embolism of the main artery of one lower extremity formed a subsequent complication in this case, but, owing to the establishment of a free collateral circulation, he perfectly regained the use of his limb.

Dr. Da Costa briefly adverts to a question that has been much debated, and happens to possess an annual interest with us—viz., the influence of rowing in producing heart disease. His experience amounts to this: that if there is any tendency to irritable heart or to any cardiac affection it is aggravated by rowing; but that this exercise is otherwise beneficial, provided it be not to steadily followed.

We are pursuaded that lesions of the coats of the large vessels in soldiers, which sooner or later lead to aneurism, are, in reality, due to an acute process of an inflammatory nature, and often unconnected with atheroma, and that this last con

dition is frequently itself the product of an allied but more chronic process of the same kind, as pointed out by Dr. Moxon and Dr. Lawson.

In the class of cases just alluded to, the result was attributable to muscular strain or violent muscular exertion. But the same result, Dr. Da Costa is certain, may happen from extraordinary mental emotion or shock; and he gives some striking instances in proof of the correctness of his conviction, one occurring in the troublesome times of the late civil war. In some of these cases no structural imperfection likely to cause the break is discoverable; but in confirmation of the idea that there may be a slight alteration—under ordinary circumstances innocuous, but becoming serious under strain—Dr. Da Costa refers to his having occasionally discovered in post-mortem examinations very slight fissures in the valves, just sufficient to have produced a rent under any strain, or severe and sudden abnormal working of the organ. Dr. Da Costa next proceeds to the consideration of those cases of functional excitement of the heart from continued over-action and over-work. There is, first, the "irritable heart," so well known to military surgeons—a condition often engendered in recruits and young soldiers by the combined action of several factors present in a soldier's life. The same malady may, however, be encountered in civil life—among the causes of which the use, or rather abuse, of tobacco, alcohol, tea, &c., may be reckoned; but hard exercise—such as mountain climbing—great mental emotion; malaria, or the occurrence of certain specific febrile diseases, typhoid and typus, and occasionally yellow fever—in all of which there may ensue a granular degeneration of the muscular fibres,—may lead to the same result.

The lecturer conceives, and no doubt correctly, that the origin of these affections is connected with a perverted innervation; and he proceeds to expound the clinical facts by the light of the latest physiological researches into the opposing influence exerted by the pneumogastric and sympathetic nerves on the heart's action. From the perverted innervation, moreover, comes altered nutrition; and thus heart disease may grow out of heart disorder.

Speaking of the effects of occupation, Dr. Da Costa refers to the influence of excessive expiratory efforts in producing affections of the heart or its great vessels; and he illustrates this by a table showing the prevalence of cardiac disorders among glass-blowers. He thinks that dancing, when excessively indulged in, frequently leads to great irritabilility of the heart, as indicated by the occurrence of functional disturbance of the organ among girls at the end of a winter season. It may be shortly stated that, as regards the effect on the circulation, all active, even violent, exercise is only injurious when too steadily persevered in; and that it is the intermitting which protects, and explains the reason why those exercises and pastimes are less productive of cardiac affection than the hurrying and impeding of the circulation, occasioned less palpably, but more constantly by certain occupations.—*The Lancet.*

SUDDEN DEATH AFTER PARACENTESIS THORACIS.

An instructive case exemplifying a possible danger from the operation of paracentesis thoracis has been recorded by Dr. Ernest Legendre in a recent number of the *Gazette des Hopitaux.* The patient was a farmer who, when first seen, presented signs of considerable effusion into the left pleura, following acute pleurisy fifteen days before. After a week had been spent in attempting to promote absorption by means of blisters, diuretics, &c., paracentesis was performed by means of Dieulafoy's aspirator, and three litres of pink turbid fluid withdrawn. The operation lasted half an hour, was accompanied by slight cough, but was followed by marked relief. Resonance returned over the chest. In a very short time dyspnœa recurred; there was copious outpouring of secretion into the air-passages and cyanosis, death occurring from asphyxia within the space of five minutes. Dr. Legendre thought the fatal issue to be due to rapid bronchial secretion, and to the inability of the lung to expand fully from its being compressed or bound down by false membrane. Another explanation proffered was that it was an example of excessive "albuminous expectoration" to which attention has been recently directed. Dr. Legendre adds that "for two years I have performed twenty paracentesis by means of the aspirator for serous or purulent effusions without the least accident, and, fully confident of the operation, I had declared that immediate relief and speedy cure would follow its performance. In spite of the reddish tint and turbidity of the fluid, which was present from the first aspiration contrary to my expectation, I did not expect so rapid a death. It is this unlooked-for event that has determined me to publish this observation, deeming it to be of use to my young *confreres*, and to prevent them from compromising their reputation by affirming, as I did in this case, that marked relief and certain cure would follow. It will be always prudent to make reservations."—*The Lancet.*

There is much reason to fear that the use of chloral hydrate is becoming indiscriminate and mischievous. Medical men everywhere would do well to strongly discountenanee its consumption except under professional advice. Even in the most experienced hands it has proved fatal, and it

may be remembered that twenty grains once given by a well-known physician—now dead—as a hypnotic produced a sleep from which there was no awakening. An inquest was held at Redhill last week on the body of a lady, when the verdict of "Died from an overdose of chloral" was given. She appears to have taken the drug regularly for a a long time, receiving supplies from a loeal chemist. Mr. F. B. Hallowes, who made a post-mortem examination of the body, concluded that she must have died from an overdose, although there was unmistakable evidence of diseased heart and lungs. —*Ibid.*

Statistics of a Hundred Cases of Operations for Stone.—Sir Henry Thompson has given us a brief record of his last hundred cases of operation on the *adult*, excluding all cases below 22 years of age, of which there happened to be one. There are in the list only four cases below 50, sixty-five cases being above 60, and the mean age of the entire list of cases being not less than 63½ years. The first operation of this series was done shortly before Christmas of 1872, and the record presents all his work in this direction for two years and a quarter, the case of the Emperor Napoleon being the third of the series. Ninety-six were adult males, and four were adult females. Of the ninety-six males eighty-seven were operated on by lithotrity, and nine by lateral lithotomy.

The mean age of the eighty-seven operated on by lithotrity was 63½ years, the oldest being 83, the youngest 21, but only four were below 50 years,

The mean age of the nine operated on by lithotomy was 63½ years also, their ages being also between 36 and 79. Among the eighty-seven operated on by lithotrity were four deaths; the ages were 65, 66, and 81. Among the nine operated on by lithotomy were two deaths, viz., at 61 and 63. Thus it is observed that there was a total of six deaths in ninety-six patients, by the two operations, with a mean age of 63½. In this series allusion is made to what may be termed an extraordinary run of luck. It was a succession of fifty-one elderly cases without a single death, these cases having a mean age of 64 years. The author states that he hopes soon to publish his experiences in an unbroken series of 500 cases in the adult male, beside the cases of women and children.—*The Lancet*, April 3, 1875 (*Med. Record.*)

Successful Cæsarean Section in a Case of Uterine Fibroids.—Dr. Cazin has had occasion to practise the Cæsarean operation in a case of uterine fibroids, and has had the good fortune to save the mother and child. He operated on a woman, aged thirty-nine, in whom, towards the sixth month of pregnancy, fibroid tumors were recognized in the posterior and inferior wall of the uterus. Labor set in the seventh month; after four days of pain the membranes ruptured, and a hand escaped, the child being still alive; but as it could not be extracted, either by forceps or by version, recourse was had to the Cæsarean operation. The most minute precautions were taken; there were hemorrhage and syncope, inertia of the uterus, distention of the belly to such a degree that it became necessary to puncture the bowel to give exit to the gas; there was vesical paralysis, and an abscess formed between the uterus and the abdominal wall. In spite of these complications the patient got well, and the child, baptized Cæsar, throve. It has since been ascertained that the fibroids are diminishing in size. —*Gaz. Méd. de Paris.*

Gastrotomy for Stricture of the Œsophagus.—According to the *Lancet* of March 27th, there was at that time in St. Thomas's Hospital a man upon whom Mr. Sidney Jones had performed the operation of gastrotomy. Three weeks had then elapsed and the fistulous opening was complete. All the sutures had been removed and the patient was sitting up. His pulse was 80, temperature normal, and he showed no bad symptoms so far as the gastrotomy was concerned. Fuller details of the case are promised.—*Med. Record.*

Dr. Alfred N. Beach, Member of Assembly from New York city, has introduced in Assembly an act to amend chapter four hundred and thirty-six of the laws of 1874, entitled "An Act to Regulate the Practice of Medicine and Surgery in the State of New York," passed May 11, 1874. Dr. Beach's amendment does not differ very markedly from the one published by us a short time since, being somewhat shorter but having the same general features.

Treatment of Post partum hemorrhage.—The original procedure, as recommenced by Barnes, was: "Mix in a deep basin four (4) ounces of the strong liquor ferri perchloridi (Br. P.) with twelve ounces of water. Exhaust the air from the syringe; then pass the delivery tube into the uterus, so that its end touch the fundus; then pump gently and slowly; and the styptic fluid will thus bathe the whole inner surface of the uterus."

Case of Inversio Uteri of Two Years' Standing (*N. Y. Med. Journal* April).—Dr. B. F. Dawson reports a case of this kind, resulting from improper traction on the cord and placenta after labor, and lasting undiagnosed for nearly two years. Repeated attempts at manual reduction under ether, with injections of warm water between times, finally resulted successfully, and the patient returned to her home in the country six days later.

Henry Thompson, in consequence of the pressure of private practice, has resigned his post of Surgeon to University College Hospital, and his professorship of Clinical Surgery in the college.

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TORONTO, JULY 1, 1875.

TRANSMISSIBLE DISEASE, ATAVISM, &c.

Statistics reveal of late years a melancholy increase of Insanity, Epilepsy, Idiocy, Phthisis, and Scrofulosis. Whence this frequency? The answer, we think, is easily found. Marriage within the prohibited degrees of consanguinity specified from the 7th to the 17th verse, inclusive, of 18th Leviticus, and marriage contracted with individuals either themselves cachetic, or descended from parents of a bad habit of body. Temperament and the character of constitution termed Diathesis is well known to be transmitted from parent to child. Dr. Aitken, on this subject, writes:—"Another remarkable feature in the pathology of constitutional disease requires special attention, viz., that the transmission of the hereditary tendency may fail to be expressed in the children of a family liable to diseases known to be so transmitted, and yet the tendency may appear in the grand-children. The tendency is thus expressed in alternate generations—the law of *atavism*, as it has been called. The tendency thus failing to appear in one generation, may lie dormant, and at last burst forth in some collateral branch of the family tree, thus proving that tendencies not obviously expressed by the parent may nevertheless be transmitted by him. A person therefore, cannot be considered free from the inheritance of constitutional maladies simply because his parents may not have suffered from any of them." Hence the great difficulty of guarding against the danger of procreating children liable to be infected with a blood virus, as it can hardly be expected that young people contemplating marriage will, previous to the consummation, extend their inquiries of hereditary proclivity to three generations. Whilst therefore the cause of the increased prevalence of these distressing family afflictions is obvious, the remedy is practically unattainable, so far, at least, as the stamping out is concerned. It is possible, however, that through the press, general, as well as medical, an interest might be awakened on the subject, with the desirable result of a greater degree of caution in entering into the married state than is usually exercised.

Among the most formidable of all inherited diseases may be considered epilepsy, not only by the violence of its symptoms when it presents itself under the form of those horrible convulsions, the sight of which inspires the bystanders as much with terror as pity, but still more by its incurability, and certainty in time to glide into either confirmed insanity, or idiocy, in those cases where the cerebral irritation leads either into excesses of venery or onanism. On this subject, Trousseau, in his "*Clinique Medicale*," thus expresses himself. "If there are epileptics who, notwithstanding this disease with which they have been more or less frequently attacked, preserve even to the end of a long life, not only the plenitude of reasoning power, but also unimpaired knowledge, and like those great geniuses, whose names have been transmitted by history, endowed with a superior intelligence, which enables them to rise above the level of ordinary men, the examples which may be cited are altogether too exceptional to invalidate in the least the general rule." The more generally, although at the inception of the disease, and when the fits occur at long intervals, the patients may be in the possession of all their faculties, possessed even of a marvellous aptitude for quick conception, and for perceiving subjects from the most brilliant and poetic aspect, yet, remarks M. Morel, in his "*Traité de Maladies Mentales*," in proportion as the fits are multiplied, in proportion to the progress of the disease the intellectual faculties are weakened, lost, and finish by complete extinction in madness."

In support of the proposition of hereditary transmission, we will cite a few cases from the works of Jules Fabret, Trousseau, Morel, Nott, Simpson, and others. A gentleman æt. eighty-eight, at the age of sixty-four, fell into a state of melancholia, of which he is completely cured. He has had three children, two sons and a daughter. The eldest son is of a melancholy temperament, other-

wise perfectly rational. The younger son was attacked with locomotor ataxy and died mad. His son, at present aged thirty, has remained up to the present time sane, but married four years ago and has an idiot son. The daughter, eccentric, and of weak mind, had two children, the eldest died insane and paralytic, the second is nearly an idiot. This octogenarian gentleman had a sister who became mad at the age of thirty, leaving a son and daughter. The son has been colour blind from childhood, and is at present epileptic. The daughter died amaurotic and insane, leaving a son who has already had evidences of perturbed mind. (Trosseau's Clinique, Vol. 2.) Not only will hereditary tuansmission leap over one generation that it has completely spared, but there are instances recorded by the most reliable authors, of individuals born of a second marriage contracted by a woman perfectly healthy, with a man equally healthy, affected with the same disease that the children the issue of the first marriage laboured under a disease with which the first husband was affected. Dr. Ogilvie relates the case of a woman of Aberdeen, twice married, who had children by both husbands. All the children were scrofulous, as had been the first husband of their mother, although both she and the seeond husband were entirely exempt from the disease. Dr. Nott, in his work "Types of Mankind," speaks of negresses who, after having had children by a white man, continued to produce mulattoes with a negro husband. The late Sir James Simpson, of Edinburgh, relates the case of a young woman, born of white parents, but who had a mulatto brother, born before the marriage, who displayed unmistakeable marks of black blood. Of the evils resulting from marriages of consanguinity we have space only for a short summary; sterility, frequent abortions, children dying in infancy in a much larger proportion than those under other conditions, children of a lymphatic and scrofulous diathesis, children born with physical and intellectual infirmities etc. Twenty-seven fruitful marriages of relatives reported by Dr. Bemiss, of Louisville, have produced two blind children, and six others with different infirmities of vision. Dr. Liebrich estimates that nearly one-half of the individuals affected with pigmentary retinitis are the issue of marriage of relations. In fifty-nine patients retinitis concurred eighteen times with deaf-mutism, twice with idiocy. Of these eighteen deaf and dumb, nine were born of marriages with cousins, and the same relation occurred in the case of the two idiots. Dr. Boudin considers that the proportion of deaf and dumb from birth, increases with the degree of consanguinity of the parents, and that it is of all others the most frequent melancholy result of a union with relatives.

DR. DOBELL'S ANNUAL REPORTS ON DISEASES OF THE CHEST.—We have just received the prospectus of the above named report. The work will be published towards the close of the present year, and will form a complete annual report on chest disease. Although the department selected is the widest and most important in medicine, it will be practicable, by keeping within its boundaries, to produce such a complete *précis* of all important work as shall give the reader the whole pith of the original papers, treatises, etc., etc. Thus these Reports, when collected from year to year, will constitute a most comprehensive, concise, and reliable book of reference on chest disease, and will enable the medical practitioner readily to compare the works of different authors, instead of relying upon those of any one, and to see at a glance the latest improvements in treatment; while to the scientific student they will present an epitome of modern discovery and research.

Authors are requested to send abstracts of such parts of their works as refer to chest disease to Dr. Dobell, 84 Harley Street, to whom all letters, books, etc., should be addressed.

These Reports will be sent by post to subscribers of five shillings per annum (a larger price being charged to non-subscribers). Subscriptions will not become due till the Report of the year is ready; but intending subscribers are requested to send their names and addresses as early as possible in the following form: "I request that you will enter my name as a subscriber to Dr. Dobell's Annual Reports on Chest Disease" to Lewis's Medical and Scientific Library, 136 Gower Street, London, W.C.

ACTION AND SOUNDS OF THE HEART.—Dr. Paton of Brucefield, Ontario, has written an article on the above subject, published in the May number of the *N. Y. Medical Journal*, based on a

series of original experiments on the heart of the Alligator Terrapin, or American Turtle. He says, that both the English and French Physicians are still proceeding on false and erroneous data respecting the action and sounds of the heart. His experiments have led him to the conclusion, that the second sound of the heart, is *not* due, as is commonly taught, to the closure of the semilunar valves, but to the contraction of the auricles, and propulsion of the blood through the auriculo-ventricular orifices, and that the first sound is due to the contraction of the ventricles and reaction of the aorta, the closure of the semilunar valves, terminating the second sound.

INTRA-UTERINE APPLICATION OF MEDICINES.

The series of discussions which have been held with respect to Dr. Barnes's method of arresting post-partum hemorrhage by means of perchloride of iron have taught one thing, namely, that the uterus cannot always tolerate irritant applications. Useful as the perchloride of iron undoubtedly is in the class of cases to which it is adapted—and, according to Dr. Barnes, it is more especially applicable where defective muscular power and exhausted nervous energy together prevent the physiological contraction of the uterus after delivery—experience has shown that the use of this styptic is not without a certain amount of risk of danger.

It is the same with carbolic acid applied to the mucous membrane of the uterus. This agent has been put to a great variety of uses, and among the rest it has been sufficiently tested as an intra-uterine application. Its employment as an antiseptic has been known to give rise to hysteritis. While it is thus attended with danger from its irritant action, carbolic acid is not to be relied on to combat septicæmia. Injections of simple warm water with the view of removing clots and washing away the decomposing debris of coagula, are more efficient in removing the cause and are less risky.

There has been a good deal of boldness displayed by obstetric physicians of late in dealing with the mucous membrane of the uterus. Starting with iodine paint and nitrate of silver solutions, they have in succession employed the strongest of escharotics and most powerful of irritants. Fuming nitric acid, the acid nitrate of mercury, chromic acid, the potential and the actual cautery have been resorted to. Experience, however, which corrects the tendency to run to extremes, forbids the too great confidence that has been placed on the safe action of very powerful agents within the cavity of the uterus.

PRELIMINARY MEDICAL EDUCATION.

In Ontario we have begun to flatter ourselves that the question of medical education has been settled, or that, at all events, it is in process of settlement on a basis that in its experimental tests has given so far very encouraging results. Our system, so well known to all our home readers, may be summarized as consisting of two essentials: first, ascertaing by preliminary examination that the candidate for medical instruction has received a sufficient general and literary education; second, testing the value of his professional attainments when his college courses are completed by examination in all the specified subjects. On the limited scale of the Provincial sphere, this system is applicable, and is, no doubt, adequate to attain the end in view. But it is a question whether the plan could be made national in character. It may be questioned, for example, whether the same system could be made to apply over the whole of the United States, or over the whole of the Dominion of Canada. If it cannot, and if it should still prove to be the best attainable system of advancing the status of the profession of medicine by improving and elevating the scale of medical education, then the system must remain essentially Provincial in character. The work must be done by Provinces and by States and not by any national or federal organization.

Undeniably, however, there is a desire in Canada and also in the United States for the institution of a national system, which shall place a definite stamp and value upon the attainments of medical men, and elevate the atandard of medical education.

As a step towards the realization of such a scheme, President Bowling of the American Medical Association, has suggested that the work should begin by elevating the standard of prelimin-

ary education. He has thrown out the idea, that it shall be regarded as derogatory to the character of any physician in any part of the United States, to take under his care as a student of medicine any one who cannot exhibit evidence of having taken a degree in a regularly-chartered college, or a certificate of qualification necessary to become a student of medicine, from a board of examiners appointed for that purpose by the American Medical Association. He thinks that medical education *per se* will take care of itself, the emulation of the schools being altogether sufficient for the maintenance of its great interest; and that it is the preliminary education of those who would enter the profession that must be looked to.

Dr. Bowling's plan is, in effect, a return to first and general principles. In the olden times and in Europe at the present day, a Doctor's degree implies the possession of a high standard of classical and mathematical attainments. In Great Britain, the Medical Council has settled the standard of preliminary education by instituting examinations in specified subjects comprising moderate attainments in classics and mathematics, the acquisition of French or German, and a test of the common English education of the candidate. A similar matriculation examination has been instituted by the Council of the College of Physicians and Surgeons of Ontario. It is, however below the Standard of the Arts degree of the respectable Colleges and Universities. The Canadian Universities, while not exacting the high classical training of the European Universities in the candidate for medical honors, have at least done themselves credit by seeking to encourage a high standard of literary attainment in the medical practitioner. This has been done principally by giving facilities to the medical student for attending the Arts classes, and by shortening the period of medical study one year in the case of possessors of an Arts degree. Such a trained student, who has in fact already become acquainted with the Natural Sciences collateral to medicine, very properly enjoys the immunity of a three years course of professional study instead of one of four years. It is a point that now may be fairly agitated in Ontario and in all the older Provinces of Canada, whether a collegiate course of Arts ought not to be exacted as preliminary to the medical courses or as essential to an academical degree in medicine. Dr. Bowling's proposition is sufficient suggestive for us in this respect.

We have an opinion, however, that as regards the low general standard of medical education in the United States, that the only remedy for the evil is the exaction of a longer period of professional study. In our mind two years is too short a period in which to acquire the necessary medical knowledge for qualification to practice, while it is simply preposterous to reduce this time to one year as has been done in some American colleges

THE "*GLOBE*" ON THE WAR PATH.

The *Globe* is never happier, apparently, than when attacking the regular branch of the medical profession, or singing the praises of the Homœopaths Hydropaths, and itinerants of every description. In our last issue we took occasion to criticise rather sharply the action of the Council, in reference to the appointment of the examining board, and to characterize some of the late examinations as a farce, compared with those instituted by the Council in former years, when the examiners were appointed from the profession outside of the Council. Upon the strength of this the *Globe* makes an attack upon the Medical Act, or "medical monopoly," as it is pleased to style it, as if the fault lay with the Act. It would be about as rational to find fault with the Constitution because the Government of the day happened to be guilty of some dereliction of duty We were not criticising the Act; we have no particular fault to find with it. Even the Homœopaths have come to regard it as fair to all parties and necessary for the protection of the public against quackery, and are about to cast in their lot again with the general profession and help on what everybody considers a useful piece of legislation, except the editor of the *Globe* and a few others. There are times when it may be considered necessary to speak out, even if what one has to say is not palatable, and may give our enemies a handle which they are not slow to make use of; and we cannot say that we regret the course the *Globe* has taken in this matter, as it will have the effect of bringing public opinion to bear upon the Council, and help to remedy the defects we were criticising. The Act, during the short time it has been in operation, has already done great service to the country by promo-

ting a higher order of medical education, and preventing the spread of quackery. It is because we recognize the central examining board as the most essential feature in the act, that we are anxious it should not dwindle into a farce, and we feel confident the error in the appointment of examiners will not be repeated. Nothing can be more absurd or farther from the truth than to say that the Statute was enacted "to make people employ medi-"cal advisers in whom they may happen to have no 'faith," and, "to shut up every avenue to medical "science and discovery not followed according to a "certain curriculum." The people are allowed the utmost freedom to employ whatever system of medication they choose, the law merely steps in to prevent them from being tampered with by ignorant pretenders to medical skill. Neither is it true to say that "its effect was to put the whole manage-"ment and control of the medical education of the "country into the hands of a sect." The sects are united and have united control and management of the medical education of the country, and pray where else would you put it—into the hands of the members of the 3rd estate, or the 4th estate? We quite agree with the *Globe* in the sentiment that "if "there is to be a central examining board as an "essential to the practice of medicine it certainly "ought to be one acting with independent author-"ity, and amenable only to those who represent "the whole body of the people," except that we maintain that it should be amenable only to those who represent the whole body of the profession. This is the principle we are contending for, and which was set at naught by the action of the Council in constituting itself the examining board, responsible to no other tribunal. We do not want a Government board, as hinted by the *Globe*; that would be a retrograde step. We have too vivid a recollection of the corrupt doings of the old Government medical board ever to wish to see another similarly constituted body.

But the final suggestion of the *Globe* is, for simplicity, the crowning one of all, viz.: "that each "school or sect should be encouraged to set up the "highest possible standard of medical culture and "education," and this is to be done by "abolishing the Medical Act," and returning, we presume, to the old state of affairs that existed several years ago when the schools were vieing with each other as to the number of graduates each could turn out. A fine way of encouraging a high standard of medical education. We can assure the *Globe* that we have no intention of abolishing the Ontario Medical Act, far otherwise; we shall endeavor to correct the defects there may be in the Act itself or its working, even if we do occasionally appear to expose ourselves to the shafts of our enemies.

Position of Canadian and British Graduates.—A correspondent asks us what position graduates of standard medical schools in Canada *and* England, (who try to act honorably and consistently with other members of the profession), will occupy when not members of the Ontario Medical Board, if public prosecutors are appointed? This is a question we cannot definitely answer, as it depends entirely upon the action of the Council. We are glad, however that the question has been again brought up for discussion. We have all along maintained that Canadian graduates who pass an extra year or two in addition to the curriculum laid down by the Council and the colleges in Canada, by attending the hospitals in London and Edinburgh, and passing a second examination in a British institution, should have some consideration shown them—that in short they should be admitted to registration in Canada without further examination or fee, other than the ordinary registration fee. The last clause in section 22, of the Ontario Medical Act was inserted for the express purpose of admitting to registration such persons as we refer to, without the form of an examination; but the Council, although knowing it was optional with it, had not the liberality to give those candidates the benefit of this provision. Even a remission of the examination fee, would be a boon to some of these young men who have spent large sums of money in pursuing their studies abroad. We trust that the new Council will deal with the matter in a liberal spirit, and confer an act of justice upon a most deserving class of men.

Tr. Ferri for Nasal Polypi.—Dr. Bird, in the *Philadelphia Medical Times*, speaks very highly of the muriated tincture of iron in the treatment of nasal polypi. The iron in full strength is applied by a camel's hair brush to the polypi nearest the external nares; when these come away it is injected diluted to one-half or one-third, and

retained in contact with those further on for a minute or two twice a day. In a few days they disappear, never to return again. He has had several opportunities of testing the efficacy of this treatment and always with success.

EPISTAXIS CURED BY PRESSURE ON THE FACIAL ARTERIES.—Dr. Robinson *(Med. Record N. Y.,)* succeeded in arresting epistaxis when styptics had proved ineffectual, by compression of the facial arteries. The arteries were compressed upon the superior maxillary bones near the alæ of the nose by means of two small pads of lint, sewn at the proper distance apart, to a piece of tape. The pads were placed over the vessel, the tape passed across the cheek and over the ears and tied tightly behind the occipital bone.

THE AMERICAN MEDICAL ASSOCIATION. — A writer in the Louisville *Courier Journal* thus remarks on the pleasing social aspects of the late meeting:—"A more affable, good-natured, and really jovial assemblage in their personal intercourse could hardly have been brought together. It seemed to be a national reunion of very particular friends, all delighted to see one another. Of late years Louisville has entertained many conventions—religious, political, agricultural, scientific and otherwise—yet none have shown such an array of positively good-looking and well-conditioned gentlemen. Seated in the hall, they form a very decorous, attentive and appreciative body; their manner of conducting the proceedings being characterized by a deliberation and tip-toe method that is a natural sequence to their professional calling."

RETROVERSION OF THE UTERUS.—Dr. Aveling (*Obstetrical Journal*) tells the following: — The postural treatment of retroversion consists in lying or reclining upon the sides or, still better, upon the face. Prostration also is an admirable attitude. A remarkable anecdote in support of this is told of a lady suffering from retroversion, who made her complaint a subject of prayer, and was surprised to find it answered only while she was upon her knees, all pain ceased during the devotional act; that is, when she unconsciously adopted the proper postular treatment.

NEW MATERIAL FOR FIXED DRESSINGS.—Dr. R. J. Lewis, of Phila. (*Am. Prac.*) recommends glue and oxide of zinc, as the one dressing which fulfils all requirements; being cleanly in its application, drying with sufficient rapidity, removable without difficulty, exceedingly light, and withal very cheap. The material is ordinary glue, with which oxide of zinc has been incorporated at the time of using it, in order to cause it to harden rapidly. Several pieces of flannel, old blankets or worn out underclothing answering the purpose admirably, are selected and cut to the requisite size. One of these is laid around the limb, and the two edges are tightly stitched together along the anterior surface, allowing the edge to project above the seam; then the melted glue with oxide of zinc is painted upon this with a brush. The dressing may be strengthened by an additional layer of flannel or blanket saturated with the glue and oxide of zinc, and made to adhere to the underlying layer. A third or even a fourth layer may be thus applied, if it is deemed necessary, and the limb supported until the dressing dries, which requires from four to eight hours. The stitches of the seam on the front of the limb having been cut with scissors, the edges of this elastic case are sprung apart, and the dressing removed. The edges are then trimmed smooth and a number of eyelets inserted, in order that the case may be laced like a shoe, and the degree of pressure regulated. The fixed fracture-apparatus is exceedingly light, is made from material almost everywhere obtainable, and is much cheaper than the silicate dressing. Another advantage is its elasticity which permits its removal without endangering the splint, for it can be pulled apart, and immediately sprung into place around the limb to which it has been moulded. By a little care and dexterity in stitching on the layers of flannel, the surgeon can readily shape the dressing so that both the leg and the foot are completely encased.

LOCAL TREATMENT OF DIPHTHERIA. — Dr. J. Lewis Smith (*New York Medical Record*) recommends the following local application to the fauces every three hours in case of diphtheria. To five drops of carbolic acid are added two drachms of persulphate of iron and one ounce of glycerine. A brush is used in making the application, as less painful, and less liable to produce bleeding. This application, in his hands, has been more satisfactory than any other.

RESULT OF THE ELECTIONS.—The following are the names of the newly-elected members of the Medical Council of the College of Physicians and Surgeons of Ontario:—Territoral Representatives; Dr. Edwards, Strathroy, Western and St. Clair; Dr. Hyde, Stratford, Malahide and Tecumseth; Dr. Wm. Clarke, Guelph, Saugeen and Brock; Dr. D. Clarke, Princeton, Gore and Thames; Dr. Henwood, Brantford, Erie and Niagara; Dr. Macdonald, Hamilton, Burlington and Home; Dr. James Ross, Toronto, Midland and York; Dr. Allison, Bowmanville, King's and Queen's; Dr. J. Dewar, Port Hope, Newcastle and Trent; Dr. Irwin, Wolf Island, Quinte and Cataraqui; Dr. Grant, Ottawa, Bathurst and Rideau; Dr. Brouse, Prescott, St. Lawrence and Eastern. Collegiate Representatives; Dr. McLaughlin, Enniskillen, University of Toronto; Dr. Berryman, Yorkville, University Victoria College; Dr. Alex. Bethune, Glanford, University Queen's College: Dr. Hodder, Toronto, University Trinity College; Dr. Aikins, Toronto, Toronto School of Medicine; Dr. Lavell, Kingston, Royal College of Physicians and Surgeons, Kingston; Dr. Lynn, Ottawa, University of Ottawa. Representatives at Large; Dr. A. Carson, Whitby; Dr. Cornell, Toledo, Dr. Morrison, Forest; Dr. Muir, Merrickville; Dr. Bogart, Carlton Place. Homœopathic Representatives; Dr. D. Campbell, Toronto; Dr. Logan, Ottawa; Dr. Vernon, Hamilton; Dr. Morden, London; Dr. Henderson, Strathroy.

CANADIAN MEDICAL ASSOCIATION.—The Canadian Medical Association meets this year at Halifax, N.S., on Wednesday, the 4th of August. We have just received a circular from Dr. Malloch, of Hamilton, the local secretary, calling our attention to the time of meeting, and suggesting that the medical societies in different parts of the country should lose no time in appointing delegates to attend the meeting. The general secretary, Dr. David, of Montreal will doubtless make arrangements with the railway and steamboat companies for the journey at reduced fares. A large and influential delegation is expected from the American Medical Association. It is to be hoped that every effort will be put forth to make this year's meeting an entire success.

CENTENNIAL MEDICAL COMMISSION.—The medical men in Philadelphia intend that the profession shall be represented in the national celebration which takes place in that city next year. A medical commission has been organized with Prof. Gross as President, and Dr. Atkinson as Secretary, and arrangements have been made to hold an "International Medical Congress" early in September, 1876, in Philadelphia, at which discourses will be given on medical progress in the United States. The Congress will consist of delegates, native and foreign, representing the various medical societies in America, Europe, British Dominions, &c., &c. It is intended as far as possible to make the meeting truly representative in its character.

THE MEETING OF THE MEDICAL COUNCIL.—The meeting of the newly-elected Medical Council will take place in the Council Chamber of the Court House, Toronto, on Tuesday the 13th inst., at 2 o'clock p.m.

TORONTO ASYLUM APPOINTMENT.—Dr. Charles Gowan has been appointed to the office of Medical Superintendent of the Toronto Lunatic Asylum. He was formerly Assistant-Superintendent of the Worcester Asylum, Eng., and has also served before in two other asylums. The Dr. stands high in estimation in England as an authority on the subject of insanity and his appointment will, we have no doubt, give general satisfaction. Dr. Metcalf of Windsor, at one time assistant to Dr. Workman, has been appointed Assistant Superintendent in the room of Dr. Benjamin Workman who has also resigned.

John Kirkpatrick, of the Victoria School of Medicine, successfully passed the examination before the Royal College of Surgeons, Eng., on the 13th of May last.

APPOINTMENTS.—C. E. S. Taylor, Esq., M.D., L.C.P.S., of Dundas, to be an Associate Coroner for the County of Wentworth.

John Bentley Esq., M.D., of Newmarket, to be an Associate Coroner for the County of York.

John Easton, Esq., M.D., of Prescott, to be an Associate Coroner for the united Counties of Leeds and Grenville.

Henry Turner, Esq., M.D., to be Surgeon, 3rd Provisional Regt. of Cavalry—Durham and Northumberland.

Thomas B. Bentley, Esq., M.D., to be Surgeon, Ottawa Field Battery of Artillery.

D. A. Carmichael, Esq., M.D., to be assistant Surgeon, Ottawa Brigade of Garrison Artillery.

A. M. Lynd, Esq., M.D., to be Assistant Surgeon, Simcoe Battalion of Infantry.

R. A. McDonald, Esq., M.D., to be Assistant Surgeon, Stormont and Glengarry Battalion of Infantry, *Vice* Dr. Faulkner resigned.

Dr. Deguise has been appointed general visiting Inspector for the Port of Quebec.

Dr. Carson, of Whitby, has been appointed collector of Customs for Whitby Harbor.

Books and Pamphlets.

A Manual of Diet in Health and Disease, by Thomas King Chambers, M.D., F.R.C.S. London, Eng. Philadelphia: H. C. Lea, Toronto: Hart and Rawlinson.

The author divides the work into three parts, the first embracing general dietetics, the second, special dietetics of health, and the third, special dietetics of disease. In the latter part, many very good hints are given, and valuable suggestions regarding the diet suitable to various diseases, as, for example, in gout, rheumatism, diabetes, scrofula, consumption, constipation, &c. Reference is also made in some instances to the medical treatment of certain diseases. In the treatment of constipation the author deprecates strong purgation, and states that two or three grains of aloes and myrrh-pill, every night, will, in a week, produce all the effects of strong purgation, and permanently, instead of for a time. The dietetic management of certain nerve disorders, as hysteria and delirium tremens, are also alluded to in the concluding chapters. The work is almost entirely free from technicalities, and is, therefore, as suitable to the public as the profession.

Second Annual Report of the Secretary of the Board of Health, of the State of Michigan, for the year ending Sept. 30th, 1874.—by H. B. Baker, Lansing, Mich.

Lectures on Diseases of the Respiratory Organs, Heart and Lungs, by Alfred L. Loomis, M.D., Prof. of Pathology and Practical Medicine in the University of New York; New York, Wm. Wood & Co.: Toronto, Willing & Williamson.

The success which the author's work on "Physical Diagnosis" met with, is a sufficient guarantee that the present volume will be received with favour by the profession in the United States and Canada. The work consists of lectures delivered in the medical department of the University of New York, phonographically reported by Dr. Carpenter. The style is simple, intelligible, and very concise, and the matter well arranged for ready reference. It is the intention of the author to publish a similar form of lectures on other important subjects connected with practical medicine. The work is replete with valuable practical information on the subjects embraced.

Annual Report of Charity, Fever and Small Pox Hospitals, Blackwell's Island, New York, for the year ending December 31, 1874: by D. H. Kitchen, M.D., Chief of Staff.

The Present Status of Electricity in Medicine; by W. T. Hutchinson, A.M., M.D. Providence, R. I.

Medical Addresses, by Benjamin Eddy Cotting, A.M., M.D., Harv; Boston: David Clapp & Son, 1875.

The History of the Philadelphia School of Anatomy and its Relations to Medical Teaching; by William W. Keen, M.D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy. Philadelphia: J. B. Lippincott & Co.

Ichthyosis of the Tongue and Vulva; by Robert F. Weir, M.D., Surgeon to Roosevelt Hospital, Etc. New York: D. Appleton & Co.

Report to the State Board of Health on Cerebro-Spinal Meningitis; by Henry B. Baker, M.D., Secretary of the Board. Lansing, Mich.

Reflex Neuralgia, Associated with Urethral Contractions and a Rare Form of Urinary Sinus, (Illustrated); by F. N. Otis, M.D., Prof. of Genito-Urinary Diseases, Col. of Physicians and Surgeons, New York. D. Appleton & Co. New York.

Births, Marriages and Deaths.

**** *The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps, with the communication.*

On the 17th May, at New Dundee, the wife of J. H. Webb, Esq., M.D. of a daughter.

At the Palace, St. Michael's, on the 22nd inst., Norman Bethune, M.D., F.R.C.S., Edin., Professor of Surgery, Trinity College, to Helen Mary Winer, second daughter of the late John King, M.D., of this city.

At Brantford on the 21st ult., Letitia, beloved wife of W. H. Stratford, M.D., in the 52nd year of her age.

THE CANADA LANCET.

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Original Communications.

DIRECT INGUINAL HERNIA--STRANGULATED—HEALING BY ADHESION.

BY H. P. YEOMANS, A.B.,C.M.D., MOUNT FOREST.

P.W., aged 55, healthy, and of good constitution has suffered from direct inguinal hernia for several years, which has with very great difficulty been kept back with a truss.

The tumour often descended while he was at work, but was reduced by rest and the recumbent posture, and twice by taxis. Descended on the 26th of September, and presented symptoms of strangulation. After a prolonged trial at reduction by two other physicians and myself, chloroform, applications of cold, and tobacco injection having been resorted to, an operation was decided upon. Vomiting was now becoming stercoraceous. The hernial coverings were divided and the sac carefully laid open, the intestine examined and found healthy—the stricture at the deep opening having been divided, the bowel was returned. There being very little oozing of blood the wound was carefully wiped with a soft, damp sponge, all emphysema was removed from the areolar tissues and a solution of carbolic acid and glycerine ʒj ad ʒj, *immediately thereafter* applied to the exposed external portions of the wound. Ordinary hemp sutures soaked in the solution of carbolic acid and glycerine were inserted through the skin and conjoined tendon, embracing the cord, and the surfaces of the wound were brought in apposition as closely as possible.

A piece of surgeon's lint soaked in the carbolized glycerine was applied so as to completely cover the wound and exclude the air. The lint was secured *in situ* by strips of adhesive plaster. The whole covered by a large pad secured by a bandage was tightly applied around the hips, so that considerable pressure was exerted on the wound. Large doses of opium were administered every 4 hours, and the patient placed in perfect rest with the shoulders raised and knees drawn up.

Sep. 27.—24 hours after operation.—Slight tympanites, pulse full, soft, 88. Rested a little on previous night; had taken a little drink.

Sept. 28.—Slept better; pulse full, soft, 80. Carefully administered an enema, which merely relieved tympanites.

Sept. 29.—Slept as well as on previous night, otherwise the same.

Sept. 30.—Had a free evacuation from the bowels, flatus entirely disappeared; pulse less full; slept better.

Oct. 1.—Healing by first intention having taken place the stitches were removed and the wound secured with long strips of adhesive plaster accurately applied. The pad and bandage were re-applied after which the patient recovered with ordinary precautions.

He now states that a light truss prevents a descent of the tumour while at hard work, and that often he ventures to go about without any external support.

The deep sutures and healing by first intention evidently made a firm adherent cicatrix which render a recurrence of strangulation will very improbable.

HINTS ON THE CONSTITUTION OF THE ONTARIO EXAMINING BOARD.

BY THOS. R. DUPUIS, M.D., KINGSTON.

As complaints have been made in some quarters against the character of the examinations made at Toronto by the Board appointed by the Council—even partiality to favorite students, and reciprocal assistance among examiners, for the passing of certain ones being hinted at—and objections raised to the constitution of the Board itself, I think it would be well for the members of our Medical Council to devise some method of arranging a a Board of Examiners, so that such accusations against them could have no force. Certainly it it does not seem generous to the profession at large, for the Council to make most, if not all, the appointments, not necessarily limited to the schools, from among their own body; but it is not easy to gather up out of the general profession largely unknown to the members of the Council, men,

wearied by the struggles of medical practice, competent to give students, fresh from study, a thorough examination, especially in those departments of medical science—chiefly the curriculum of schools—which the routine of a physician's daily life tends rather to obfuscate than to brighten.

Practically, no doubt, the physicians that fill the onerous and responsible duties of attending upon the sick, throughout the various towns, villages, and rural districts of our country, are as efficient in their calling as those that are engaged in teaching in the various colleges, because of the fact that if a man is engaged in teaching any one branch, the extra attention he must give that branch to become thoroughly master of it, argues a corresponding amount of neglect of other branches, supposing him to be an average studious man.

But for the purposes of examining students in any branch, it requires but little argument to show that a teacher of that branch, is, *cæteris paribus*, very much superior to the practising physician, after he has been many years from school, engaged in the turmoil of professional labors.

Chemistry and Anatomy are two branches especially, in the minutiæ of which one very soon becomes rusty; and though practising physicians who have once been thoroughly grounded in these might have the salient and important points more readily at their command than students would have, yet in all probability those would be found deficient in the very *details* that formed the groundwork of their own knowledge, and with which students are expected to be, and generally will be found to be, familiar.

In Law and Divinity as a rule the old practitioners are the best examiners, simply because their practice has been a continuation and amplification of the studies begun as students; but medicine differs from them, inasmuch as its practice consists chiefly in acting on what can be remembered of college instruction, with no opportunity, in most cases, of increasing that knowledge in some of the branches, and with very few opportunities of refreshing it. In illustration of this we may refer to Anatomy. Practical Surgery and Chemistry.

Practical Anatomy must of necesity be abandoned by the general practitioner once he leaves the scene of his studies; chemical laboratories are expensive, and experimentation requires more time than the demands of the active duties of life can spare for it; while many hard worked physicians do not see as many surgical cases in ten years of general practice as they witnessed in the wards of the hospital, or saw performed upon the cadaver in the class-rooms during the years they were students. Moreover, in busy life the time for study at the command of most physicians, is barely enough to keep them from forgetting what they once learned in the non-practical branches, and scarcely sufficient to enable them to keep pace with the discoveries and changes made in the practical ones; so that the chief source of increased knowledge except in a few particulars of the profession, as a rule, must be for most men, experience.

Now, although it has been said that experience without theory is safer than theory without experience, we must confess that we approve of theory at an examination board when we have fresh students before it, however much we might respect experience at the bed-side.

My reference to the profession of Law and Divinity will serve to correct a very prevalent error, namely, that age and a number of years of practice fits a man to be a better examiner of young men that are just entering upon the duties of our profession; for although these qualifications would be an advantage to the examiner in these two professions, it must be patent to all, that in a profession like medicine, where the study and practice are almost as distant as two different pursuits of life, and when Chemistry, Physiology, and Materia Medica, and even Therapeuties, are making such rapid strides, and shifting their bases so frequently that age and experience do not add to the efficiency of an examiner.

Now, the plan to remedy the difficulties referred to, that I would suggest for the consideration of the Council is the following. Let there be made up among the various teaching bodies of the Province the number requisite to give one examiner for each branch; and since we have four teaching bodies in Ontario two would have to be taken from each, and then we would still have one less than the number required; but the place of the ninth could be supplied by one or more of the others. An examiner in Anatomy and one in Materia Medica might be appointed from one college, one in Physiology and one in chemistry from another college, one in Surgery and one in Midwifery from another college, and one in the Practice of Medicine

and one in Medical Jurisprudence from another college, and Botany could be assigned to either the Materia Medica or Chemistry examiner; thus a full staff of examiners who are also teachers would be formed. This would ensure thoroughness on the theoretical and auxiliary parts of medical knowledge in the examinations, and subject students to a proper test of their familiarity with subjects which they had been taught.

In the next place to prevent any chance of collusion among examiners or partiality to students, to remove all feeling of jealousy towards the members of the Council and the teaching bodies, and to ensure thoroughness in the practical parts, let nine associate examiners be appointed from among the members of the profession outside of the two classes referred to, that is one for each of the following branches, namely :—Anatomy, Physiology, Materia Medica, Chemistry, Surgery, Practice of Medicine, Midwifery, Medical Jurisprudence, and Botany.

Let it be compulsory that these two examiners both be present during the whole of the examination in the branches over which they preside; and the whole seventeen of them during the oral examinations if possible; and most especially when decisions upon the merits of the students who have been examined are being made, let them be present.

By this means it seems to me, we should secure in our Examining Board such a variety of talent as would be able to decide upon a student's competency to assume the responsible position of a physician without much fear of mistake or probability of favoritism. His ability would be judged by both the teachers of the science, and the practicers of the art of medicine, in the fullest sense, and the true capacity of the *man* would be estimated. The Board would be composed of duplicate examiners the interests of each pair of which would be theoretically at variance; the teachers inclining to push students through for the advantage of the schools, and the others to keep them back, with a view to preventing a surplus of medical men from entering the already exhausted field of practice.

Their judgments would differ also; the former being more apt to be satisfied with the evidence of a knowledge of the dogmas of the schools, and the latter, with the readiness manifested for applying this dogmatic knowledge to actual practice among he sick.

Finally, I would not presume to be dictatorial on this point, but, I do think that a general Examining Board is one of the most certain methods of elevating the standard of medical education that we possess, and one that we should labor to improve and assist, rather than to hinder and destroy. Of course there would be increased expense attending so large a convention of examiners; but would not the advantage gained by a thorough and efficient Board fully compensate for all the outlay incurred?

Once our country was filled with high-class medical men, whose attainments were somewhat uniform, we think the profession would possess more implictly the confidence of the public, and become a power that could successfully demand its rights, and sneer with contempt at such communistic radicalism in medical matters, as is frequently advocated by the ever dissatisfied *Globe*.

Kingston, July, 1875.

Correspondence.

A MIDWIFE'S MIDWIFERY.

To the Editor of the CANADA LANCET.

SIR.—A healthy, vigorous woman, a native of the Highlands of Scotland, who resided in the township of Drummond, County of Lanark, Ont., when in labour of her first child, summoned a midwife to her attend her, who, after the patient had suffered severely for twenty-four hours, bled her copiously, and twenty-four hours thereafter again phlebotomized her freely. The husband had repeatedly asked the midwife if he should send for a medical practitioner, and she invariably replied, apparently with the utmost confidence: "Have patience and the labour will shortly terminate to your satisfaction." He, after his unfortunate wife had been seventy-two hours in labour, without even then obtaining the midwife's consent, sent a messenger to Perth, (distant six miles), for medical assistance; but unluckily Dr. James Wilson and Dr. Hamilton, the only practitioners at that time resident there, were professionally engaged, and consequently could not attend to the call. When the messenger returned, the woman was still undelivered, a messenger was then despatched for me, (my then residence distant seven miles), and when I got within half a mile of the patient's dwelling-house, a second messenger told me to proceed no

further as the woman was dead, undelivered! Being exceedingly anxious to learn the particulars of such a deplorable case, I went forward and called upon a female, related to the deceased, who repeatedly solicited me to accompany her to the house of her departed relative. I respectfully refused; but as she persisted in her solicitations, I eventually consented, and on entering the bedroom it was crowded with sorrowful females.

After looking at the corpse for a few seconds, the following question was asked me:—"Had you been here in time could you have saved that woman's life?" I replied if permitted to make an examination, I should afterwards be prepared to answer the question. Permission was immediately granted, and after finishing the examination, I was addressed thus: "Well, what do you say now?" I unhesitatingly responded that if a surgeon had been called sufficiently early, he could with the utmost ease, have delivered the woman, and, in all probability, have saved two lives.

Part of those present believed and part disbelieved my statement; however, two hours after my departure, my opinion was very unexpectedly and satisfactorily confirmed. Whilst the females were removing the fouled clothes, they had occasion to turn over the body and that simple act caused the complete extrusion of the child.

The midwife was exceedingly culpable, as she had had in Edinburgh the benefit of a full curriculum of obstetrics to qualify her for practising her profession, and had attended the Lying-in-Hospital. She, unquestionably, must have known that she was doing injustice to her patient, but, apparently would rather hazard the life of two human beings than consent to have a surgeon called to her assistance.

A few days thereafter she called at my office and after showing me recommendatory letters from several respectable physicians practising in Modern Athens, had the effrontery again and again to ask me to give her a certificate "that she had done all that possibly could be done in such a case." Her reiterated request I peremptorily refused, and told her that she had acted not only unfeelingly but cruelly, and justly merited several months imprisonment in the Provincial Penitentiary, with daily exercise on the tread-mill.

WILLIAM WILSON, C.M.

Carleton Place, July 7, 1875.

To the Editor of the CANADA LANCET.

SIR,—As the enclosed is a specimen of what the medical profession should be—according to the doctrine of the Toronto *Globe*—I cut it out and send it to you, in case you might like to insert it in the LANCET.

Yours truly, M. D.

A "BORNED" DOCTOR.

Negro who cures the Sick "wid dis yere Right Han'."

Upon the examination yesterday morning before the Recorder, of Morris Taylor, accused of administering poison to Mary Ann Tolden in a glass of soda water, Dr. Thomas Taylor, a coloured "gentleman," was called to the stand as a witness for the State. The doctor is a small sized individual, is slip-shod, walks with a cane, has a small head, scant of wool, solferino eyes, mouth cut biased, and the look of one who has an eye to the main chance.

The doctor hobbled up to the stand and proceeded to answer the questions put to him by the court, thusly:

By the Court—What is your name?

Dr. Taylor—Dr. Thomas Taylor.

Court—What is your trade? What do you do for a living?

Dr. Taylor—I's a doctor—er fissian (physician).

Court—Under what school of medicine do you study?

Dr. Taylor—Hey! Didn't study at all. Cum into de wurl a doctor. Was borned a doctor. You see, boss, I cures people wid dis yere right han', dis yere right han'. I jes puts it on em', and does a little summen to em', and dey gets well; I does. I was worth more ter my old master, den all the other niggers he had, I'se a doctor, I is. (Here the witness surveyed the audienee with a great deal of gravity and importance, and hitched up his pants, and turned again to the court.)

Court—Do you know Mary Ann Tolden? If you do, state what was her condition when you saw her on Sunday or Monday last.

Dr. T.—I knows her. Well, boss, you know last Sunday or Monday, I disremember which, I was called in 'fessionally to see de young lady. I found her in 'vulsions 'plaining of thing wurkin 'bout her heart; Says I "Marry Ann what's de matter? Says she, "Doctor I feel things a wurkin round my heart." I put dis yere right han' on her and she got still. I saw her sorter swelled out and felt things a wurkin round in dere, and I knowed she mus' have sum varmint in dere. So I give a tablespoonful of fresh milk, and den I took a speckled chicken—a real natural chicken—and cut

it open and put it on her right side, just over whar the heart beats. I kep' it dere for some time, may be half hour. De treatment fetched 'em out. cured her up.

Court—You have a license to practise medicine?

Dr. Taylor—Yes, sir! (Here witness produced a city license, issued Jan. 1, 1875, signed by Mayor Hurley, authorizing him to carry on the occupation of a physician from Jan. 1, 1875, to July 1, 1875.)

Court—Can you read?

Dr. Taylor—No, sir; I don't need ter. I'se de sebenth son. My nollige was born wid me.

Court—Have you a license from the *County Board of Physicians*?

Dr. Taylor—No, sir! What for I want to go to dem for? I'se a doctor. I is. I cures people wid my han,—my right han.' I don't give no doctors' stuff. (Here witness looked disgusted as though to insinuate that to go before the *common board* were a great insult).

Court—Do you get pay for your visits and doctoring?

Dr. Taylor—Pay! Pay! In course I does. I'se no fool I ain't. I'm a doctor, I'se. 'Course I gets pay. I charges 'em $25 for every case, and I make 'em pay me. I does. I'se a doctor I is.—*Galveston News.*

[We have one of these gentry (though without color) in our midst at the present moment, and doing a very good business amongst a certain class of the community. We suppose if he were to be interfered with in his swindling operations the *Globe* would take up cudgels for him.]—Ed.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

The Regular Meeting of the Michigan State Board of Health, took place July 13, in the office of the Secretary of State.

There were present Drs. Hitchcock, Kedzie, Baker and Hazlewood, and Rev. J. S. Goodman.

After the reading of the minutes, a paper by Dr. H. O. Hitchcock on "The Disposal of *Human Excreta*," was read. After giving a general statement of the subject, and speaking of excreta by the lungs, skin, bowels and kidneys, the following proposition was stated:—"All dead matter when buried in the earth for a little time, seems capable of a resurrection and a new life." The really great and comprehensive question therefore, in the disposal of human excreta, is how shall they soonest, and in the best manner, be brought in contact and effectually commingled with the earth.

The general arrangement of privies and the dangers arising from their location were pointed out, and cases in illustration of the same were given. Dangers arising from the manner of the immediate disposal of excreta; from water-closets, vaults, and their construction; manner of emptying, and cases illustrative of the same were given; means for avoiding these dangers, in the location of the privy in relation to the well and house, in the construction of water-closets and vaults, and in thorough and frequent disinfection. The dry earth system the most economical and sanitary method of disposing of excreta should supersede water-closets and vaults. The paper was ordered to be published in the Annual Report. The value of various absorbents was discussed. Dry earth (not sand) was considered for all practical purposes the best.

Mr. Goodman spoke of a boiler explosion on the Saginaw River, a few weeks ago. The boiler was on its way to be inspected at Port Huron in accordance with the direction of the inspector, who said he had not time to go to Saginaw to inspect it, and if the owners wanted it inspected they must bring it to him. Two men were killed and unfortunately the inspector was not one of them.

Dr. Kedzie as Chairman of a committee to whom was referred a proposed set of sanitary rules for local boards of health, reported them back with certain amendments, and they were adopted by the Board and ordered to be printed and distributed to local boards, with the recommendation that they adopt them.

Dr. Kedzie presented a plan for meteorological records, with directions to be printed on the back of the same, for making observations and caring for instruments, which was adopted by the Board, and ordered to be printed and distributed to those engaged in taking observations for the Board in various parts of the State. A communication from the Local Board of Health, of Saginaw City, relative to the water supply of that city was read. A letter to the State Board remonstrating against the impurity of the water had been referred to the Local Board for investigation, and this communication explained that the water was not intended for drinking or culinary use, but stated that it had been used for such purposes, and that an epidemic of diarrhœal diseases had resulted therefrom. The attention of the City Council had been officially

called to the matter by the Board of Health. The Council, however, only appointed a committee, which had as yet done nothing to remedy the evil. A communication from Dr. J. H. Beech, of Coldwater relative to checking the criminal procurement of abortion, was referred to the Committee on Medical Legislation, and one from H. J. Alcott concerning the prevalence of supposed pleuro-pneumonia, mainly among cattle in Antrim County, was referred to the Committee on Epidemic, Endemic, and Contagious Diseases. The Secretary reported relative to a portion of the work done in the office since the last meeting of the Board. From this it appeared that 821 Annual Reports, 4,020 pamphlets and 625 printed cards on the "Treatment of the Drowned," and a large number of other documents had been distributed, and a great amount of correspondence done. A new edition of 20,000 pamphlets and 5,000 printed cards on "Treatment of the Drowned," was ordered printed and distributed.

Dr. Hazlewood, the new member from Grand Rapids, was appointed on the Committee on Epidemic, Endemic, and Contagious Diseases, and also the Committee on Food, Drinks, and Water Supply. Papers on Trichina and Small-pox were referred to Dr. Hazlewood's Committee. A letter was read from A. Ten Brook, of the University of Michigan, giving details of the resuscitation of a girl, supposed to be dead from drowning. The efforts were continued for some *six* hours, when signs of life appeared and the girl was finally restored to life.

Dr. Hitchcock, President of the Board, was appointed a delegate to the next meeting of the American Public Health Association. The Secretary made a report of attending the meeting of the American Medical Association. The usual amount of routine business was transacted, including the auditing of bills, etc. The regular meetings of the Board occur on the second Tuesdays of Jan. April July and October.

REPORT TO THE MICHIGAN STATE BOARD OF HEALTH.

By Henry B. Baker, M.D., Secretary of the Board.

Since the last meeting of this Board I have attended two meetings of National Associations, where more or less attention was given to subjects connected with the public health, viz:—"The American medical Association and the American Social Science Association.

The American Medical Association met at Louisville on May 4. In the Public Health Section several papers were read and discussed, and an address of the Chairman of the Section was read before the General Association. I have mailed to each member of the Board, copies of the newspapers of that city giving some of the proceedings, but the newspapers of Louisville are not so enterprising as those of Detroit, and their lack of enterprise was particutarly noticeable in connection with the Public Health Section. I do not think a reporter was present at any of its meetings, and I have seen no published report whatever.

On the first day a paper by Dr. A. N. Bell, of Brooklyn, N. Y., on "Defective Drainage as a cause of Disease in the State of New York," was read and discussed at some length, in the course of which discusion Dr. A. J. Erwin, of Ohio, suggested that in most small cities, until a complete system of sewerage can be planned and secured, better results may be expected from the safer system of surface drainage combined with the thorough removal of garbage. The idea had occurred to me that in this State, small places (like one visited by me last year because of an epidemic), sometimes begin to build small sewers, when they might better devote their money and energies to drainage and removal of garbage until they can construct sewers in accordance with complete and adequate plans and large enough for their actual needs as a city. Dr. Bowditch, of Mass., spoke of the ventilation of sewers, privies, etc, by shafts conveying the gases to the tops of the houses. He suggested the question whether the gases are properly disposed of in that manner, and related a case where the upper rooms of a dwelling had a disagreeable odor from that source.

A paper was read by Dr. Thoms, of New York, on "Floating Hospitals." He advocated this method of giving the children of cities fresher and purer air than they can obtain in tenement houses. During the discussion of this paper Dr. Joseph Wilson, Medical Director of the U. S. Navy, remarked that his experience led him to believe that "malaria" would never pass a continuous surface of water of one mile in width; that a river two miles in width, even though passing through a deadly malarious region, might be traversed safely if one did not go ashore. If this is true it seems to me to be a very important fact, and one which

should be useful in determining the nature of what is called "malaria."

A report by Dr. James H. Peabody, of Omaha, Nebraska, on the "Climatology and Diseases of Nebraska," was read and some parts of it discussed. Dr. D. W. Hand, of Saint Paul, read a paper on the "Diseases of Minnesota and the North-west." A paper was presented by Dr. John P. Wall, of Tampa, Fla., entitled "Climatological and Sanitary Report of Florida." Dr. Bowditch, of Boston, exhibited a "Diagram, illustrating the apparent influence of cloudy days upon the proportion of deaths from Consumption, including a series of years from 1811 to 1867 inclusive." This was followed by a general and interesting discussion of the influence of humidity and of dryness of the atmosphere, altitude, sunlight, indoor life, pure air, etc., upon Consumption.

Having been necessarily present in the Public Health Section, I missed a report upon "Ozone," made to the Section of Practical Medicine by Dr. N. S. Davis, of Chicago; but I learned from a late medical Journal that the report urged the importance of collecting records of observations with the view of studying the relations of ozone to health and diseases. The discussion, however, took another direction from that relative to the importance of securing records, or exact knowledge on the subject. Judging from the report, nearly every man that spoke seemed called upon to express his *opinion* of the influence ozone, heat, or some other climatic agent upon the human body; and as each had a different opinion, the discussion itself seemed to show a lack of established knowledge on the subject, and the necessity for an organized effort for securing it. The Association passed a resolution requesting the Signal Service Bureau of the War Department to inaugurate a series of systematic observations relative to ozone. Whether or not there would have been more unanimity of opinion on the subject, in the Public Health Section, I cannot say; but it seems to me that the subject of the report more properly belonged in that Section, and that government could more properly be asked to contribute in the interest of the public health directly than indirectly, through the advancement of the Science of Physiology. Having this report in the Section of Practical Medicine is, it seems to me, only another indication that the Americal Medical Association does not yet know just what to do with its Public Health Section, the proceedings in which might have been even more interesting if all subjects which really belonged in it had been brought there for discussion.

The Health Department of the American Social Science Association, which met in Detroit, May 11 to 15, held a series of very interesting meetings; but as five members of this Board were present, and the proceedings were published so freely in the Detroit papers, I refrain from offering a report of its doings, and more especially as the report if made had better come from another member of our Board—Rev. C. H. Brigham, who was President of the Department of Health at the late meeting.

MINUTES AND PROCEEDINGS OF THE ONTARIO MEDICAL COUNCIL.

ANNUAL MEETING.

First Day's Proceedings.

The Medical Council of the College of Physicians and Surgeons of Ontario met on Tuesday, the 13th ult., in the County Council Chamber, Court House, Dr. Lavell, the retiring president, in the chair. All the members were present except Drs. Grant, Vernon, Muir, and Carson.

The first business was the election of a President, and on motion, Dr. Edwards was appointed President and Dr. Hodder Vice-President.

Dr. Edwards, in returning thanks for the honour conferred upon him, said he accepted the position with much diffidence, as he thought the Council might have made a much better choice in Dr. Dewar. He (Dr. Edwards), had always taken a great deal of interest in the proceedings of the Council, had spent some time in trying to carry out the wishes of medical men throughout the Province, and had helped to secure the legislation which resulted in the New Medical Act. He thought the Act, with a few amendments, would gain general favor. Among the subjects which might well engage the attention of the Council this session was that of appointing a public prosecutor in all cases of violation of the provisions relating to registration. He believed that they would be generally sustained by the profession in any endeavour to relieve medical men of the odium of instituting these proceedings. He was of opinion that the law relating to prosecutions for malpractice required some alteration. He thought that some effort should also be made to obtain the payment of medical witnesses in criminal cases. In conclu-

sion, he congratulated the Council on the return of Dr. Campbell and his colleagues of the Homœopathic body.

COMMITTEE.

Dr. Brouse moved that the Committee to examine the credentials of members be the President, Drs. Bethune, Lynn, Cornell, and Clarke. Carried.

Dr. Brouse moved the following Committee to strike the Standing Committees :—Drs. Aikins, D. Clarke, Campbell, Hodder, Macdonald, Edwards, Berryman, Dewar, and the mover. Carried.

The Council then adjourned for an hour. After recess, the Committee on Credentials brought up their report, and stated that they found all the members had been properly elected.

The Committee appointed to nominate the Standing Committees brought up their report, which recommended that the standing Committees be constituted as follows :—

Registration.—Drs. Bethune, Bogart, Lynn, Henwood, and Vernon.

Education.—Drs. Brouse, Aikins, Berryman, Dewar, Clarke, Lavell, D. Clarke, Logan, Grant, McLaughlin, J. Morrison, and Campbell.

Finance.—Drs. Hyde, Allison, Ross, Irwin, and Henderson.

Printing.—Drs. Cornell, Macdonald, Morden, Muir, and Carson.

Rules and Regulations.—Drs. Campbell, Berryman, Bogart, D. Clarke, and Dewar.

The reports were received and adopted.

PETITIONS.

Dr. Lavell presented a petition, signed by several medical men in the vicinity of Kingston, on behalf of Mrs. Myers, of Kingston, praying that that lady might be registered and allowed to practice as a midwife. It being out of the power of the Council to register any person without a diploma, the petition was laid on the table.

Dr. Lavell also presented a petition praying that the case of Dr. Sheppard be reconsidered, proceedings having been taken against him for non-registration. This was referred to the Committee on Registration.

The reading of the minutes of the previous meeting having been overlooked were now read and signed by the President.

Second Day's Proceedings.

The Council met at ten o'clock. The minutes of the first day's proceedings were read and confirmed.

PETITIONS.

Several petitions from the territorial districts, relative to the tariff of fees, were received, and referred to the Registration Committee.

A Petition was also received from W. H. Evans in reference to his application for registration made in 1871, and praying for a return of the original certificate he had sent the Registrar. This was laid on the table, as it was stated that the case had been previously investigated and decided upon by the Council.

A letter was read from Mr. James McMullen J. P., requesting that half of the fine of $60 imposed on one J. R. Gardner, for practising illegally, be given to the corporation for the trouble that that body had been at, in bringing the said Gardner to justice.

Dr. Lavell moved that half the money be granted to that corporation, and that the thanks of the Council be given to Mr. McMullen for the trouble he had taken in the matter. Carried.

NOTICE OF MOTION.

Dr. Macdonald gave notice that he would move for a memorial to the Provincial Government on the subject of the appointment of resident physicians in hospitals.

VOTE OF CONDOLENCE.

Dr. Henwood moved, seconded by Dr. Hyde that, "Whereas, by the dispensation of Providence the late Dr. John Lawrence, of Paris, and formerly the territorial representative of the Medical Council for Erie and Niagara Division, lately died, be resolved that a letter of condolence be sent to the widow of the deceased, signed by the Registrar and President of the Council." Carried.

SANITARY SCIENCE.

Dr. Brouse said he wished to direct the attention of the Council to a subject of great importance. He referred to the necessity of establishing a Bureau of Sanitary Science in connection with one of the Departments of the Dominion Government. During the session of 1873-4 he brought up the matter for discussion in Parliament, and both sides of the House seemed anxious to further the object he had in view. The Government has yet had not been enabled to take action, as it was said difficulties might arise in connection with the Local Governments, whose province it was to deal with many of the statistics that he proposed should be sent into the Bureau of Sanitary Science. If the Bureau were established, all the various sanitary reports would be sent to it, tables and calculations based upon these would then be made, and the Bureau would form a valuable storehouse of information of the kind. In England and the United States they have been moving in the same direction. It was unnecessary to point out how important it was to collect information as to the climate and prevalence of health or disease in the different parts of Canada. Many persons, for want of such information, had left this country for the United States, believing that their health would be benefited, whereas, if the truth were

known it would be found that Canada possessed a finer and healthier climate than existed in any part of the United States. Others thought that the cold winters of Canada had a tendency to shorten life. Now in no country in the world, in proportion to its population, were there so many old men, and as an instance he might state that no fewer than 3,000 applications for pensions had been received from men concerned in the war of 1812, all of whom had attained ages over 78 years up to 100. He begged to move that a committee, composed of Drs. Lavell, D. Clarke, W. Clarke, Lynn, Campbell, Hodder, Berryman, and the mover, be appointed to consider the question with the view of urging legislation on the subject.

After some discussion the motion was carried.

The Committee appointed reported as follows: —"Resolved. That in view of the fact that great ignorance exists throughout the community in regard to the important matter of sanitary science, and seeing that it is a vital question of public health, it is advisable that some legislation should take place to put the investigation in regard to it on a more satisfactory basis." Also, "that a memorial be transmitted from this Council to the Government of the Province of Ontario, urging the appointment of a commission to enquire into the avoidable causes of disease, and with special reference to the diminution, if possible, of the alarming prevalence of insanity in Ontario."

The report was received and adopted.

THE EXAMINERS' REPORT.

Dr. Dewar brought up the Report of the Board of Examiners, from which it appeared that at the last examination of students 77 had received diplomas and 51 had passed the primary examination. The report was adopted.

Dr. Lavell said he wished to call attention to the unwarrantable strictures that had appeared in a medical journal on the conduct of the examiners of last session. He denied that there was the slightest ground for the charges therein made. The examiners were, without exception, most impartial and considerate. The reflection made in reference to the action of the Treasurer was utterly unwarranted and was simply impertinent.

Dr. Berryman said there must be some falsity in that article. He considered that Dr. Lavell had a right to protest against it; and he felt pleasure in doing so himself.

Dr. Dewar said that those who might think the examination a farce had never seen any of the papers that he had received from the pupils. He knew this much, that the behaviour of the students characterized them as gentlemen.

Dr. W. Clarke said that as a public body they were open to criticism, and the editor has the right to criticize, but he should be satisfied that everything he says is correct. The insinuations in the paper in question with regard to the Treasurer were as gross as they were false, and he felt sure that neither he nor the Treasurer would be capable of using their position as examiners to the public harm.

Dr. D. Clarke thought it was the duty of the editor of the paper to state wherein the examination was a farce. If any of the examiners were derelict in their duty, he could have stated who they were, and not have made a general charge. He was certain that if the examination papers were examined, they would be found to be more practical and less crotchety than on previous examinations. He considered it a libel on the students to say that they hissed the examiners. It was the tendency of articles of that kind to kindle a spirit of insubordination among the students.

Dr. Berryman then moved, seconded by Dr. W. Clarke, the following resolution:—

"That this Council cannot allow certain charges which were put forward by the *Canada Lancet* to the effect that the Treasurer, Dr. Aikins, exercised his position to influence students, and the results of this examination by his position in such office to pass unnoticed. This Council regrets much and repudiates the paltry charge thus gratuitously and falsely uttered."

Dr. McLaughlin opposed the motion.

After some further discussion, Dr. Berryman withdrew his motion.

RESIDENT PHYSICIANS AT HOSPITALS.

Dr. Macdonald brought forward the motion of which he had given notice in the morning, as follows:—"That whereas it is customary in the large hospitals in Great Britain and the United States to make the appointments of resident physicians depend upon competitive examinations or upon the positions held by the candidates in the classes of the medical schools attached to the hospitals; and whereas it is desirable, for the purpose of encouraging the students of medicine, that a somewhat similar principle should be observed in Ontario: Resolved that this Council present a memorial to the Government of Ontario representing that the appointment of resident physicians in the Toronto General Hospital, the Kingston General Hospital, the Hamilton Hospital, and other hospitals to which resident physicians shall be appointed, depend upon the result of the examinations instituted by the Council. Carried.

Third Day's Proceedings.

The Medical Council met at ten o'clock. The minutes of the proceedings at the last meeting were read and confirmed.

Dr. Dewar moved that the registrar be directed to erase the name of E. B. Sparham from the register, he having been convicted of felony. Carried.

PUBLIC PROSECUTORS.

Dr. D. Clarke moved, "That the Council take proper steps to appoint a public prosecutor or prosecutors to take legal procedure against all persons violating the provisions of the statute."

Dr. Allison thought the resolution was not sufficiently definite. He would suggest the following as an amendment :—"That in order to make the Medical Act effective against persons violating any of its provisions, in so far as any of the penal clauses are concerned, it is due to the public at large that in all cases where any infringement of the law has been proved the most stringent measures should be adopted with the view of suppressing quackery in all its forms, either by druggists or other pretenders, and the following persons shall be deemed public prosecutors under the Act :—The chief constable of every town or city, the bailiffs of every Court, all inspectors of tavern licenses, and all other constables throughout the Province, and further, that when a case is proved and a fine inflicted, the one-half of said fine be given to the informant, and the other half shall be handed over to the treasurer of the Medical Council to be applied as said Council shall direct."

Dr. Hyde said there was a great deal of quackery practised in country towns, and it was necessary that some means should be taken to put a stop to it. He would, therefore, be happy to support such a resolution.

Dr. Lavell said the question was beset with difficulties. In the first place provision would have to be made for the remuneration of the public prosecutors. There was great difficulty in getting persons to come forward and give the necessary testimony to convict persons of violating the law. If the registered practitioners would take their share of the *onus* of instituting these prosecutions and of collecting testimony, the interest of the profession might be effectually protected. He thought that a Committee should be appointed to mature a scheme.

Dr. Allison said it was impossible to get the registered men to take action in organizing these prosecutions. Few medical men would like to lay themselves open to the risk of being called informants.

Dr. W. Clarke said medical men were too thin-skinned ; if they did not look after their own interests in the matter, there would always be difficulty in getting the law carried out. The scheme proposed by Dr. Allison had been tried and failed.

Dr. Dewar said many of the difficulties arose from the prevailing ignorance of the law among country constables and magistrates. He related a case in which he had been prosecutor, where the defendant, on promising to pay his fine, would have been allowed to go at large, had not he (Dr. Dewar) pointed out that the defendant must be sent to gaol if he did not at once pay the fine. The difficulty in the way of collecting evidence seemed almost insuperable. He thought it was evident that one prosecutor would not be enough.

Dr. McLaughlin moved in amendment to the amendment, "That each Territorial Division Medical Association be requested to name a suitable person to act as public prosecutor for each division, and that for his services the Council remit the whole of the fine imposed ; and that the Executive Committee act in place of the Council as required."

Dr. Hodder suggested that the proper method to pursue would be to issue a circular to every registered practitioner stating that the Council was willing to take action in any case if the proofs were furnished.

Dr. Dewar opposed the appointment of a central prosecutor, as he thought a great deal of time would be lost before the prosecution could take place, by which means the man prosecuted might escape.

Dr. Bethune referred to the difficulty of getting medical men to attend meetings. He suggested that they should appoint an officer of the Council to receive complaints, and who would prosecute on the proof being furnished him. The Registrar, for instance, might be appointed, and as he would be acting under the instructions of the Council, he would incur no odium. He was opposed to the appointment of constables and others.

Dr. Hodder moved, "That a circular be issued to every registered medical practitioner in Ontario, noting that on the receipt of legal proof of persons practising without licenses, the territorial representatives will be empowered to act as prosecutors, and that the Executive Committee be instructed to issue such circular forthwith."

Dr. Aikins moved, seconded by Dr. Lynn, "That the Executive Committee of this Council be instructed to appoint one or more persons in each county of Ontario to prosecute unregistered practitioners, and to give in each case the whole of the fine to the person securing the conviction. The name of the proposed prosecutor to be supplied to the Committee by the Electoral Division representative of this Council." The resolution and its amendments were successively voted upon, the result being that the motion of Dr. Aikins was declared carried.

Dr. McLaughlin moved, "That the Registrar be instructed to communicate with the Clerk of the Crown in order to ascertain whether John McConnell was convicted of felony, and if so, to erase his name from the register." Carried.

FINANCE.

Dr. Hyde presented the report of the Finance Committee which was considered in Committee of the whole.

The Committee then examined the books

and accounts of the Registrar and Treasurer and found them correct, and a balance of $3,368.40 on hand. They recommended the payment of several accounts for printing etc., amounting to $831.00.

The accounts presented by the Registrar, occupied some time in discussion, most of which were allowed and he was voted $200.00 for extra duties performed by him.

It was complained in the report that the Registrar had only received $444, of the annual assessment, whereas $1,535 should have been paid in.

One hundred dollars were recommenned to be be paid to the Treasurer.

On the question of the payment of examiners coming up, several members urged that their expenses should be paid by the Government, as it was urged that the examinations were for the public good.

It was decided that the fee of each examiner in the spring examination be $60 within five miles of Toronto, and $70, with Railway expenses, beyond that distance; and in the event of a fall examination the fee to be the same as last year, viz:—$40 within five miles, and $50 dollars beyond, with railway expenses.

The Committee recommended that the salary of the Registrar be increased to $600 per annum, on the understanding that such amount be considered payment in full for all the services performed in connection with the office. Carried.

NOTICE OF MOTION.

Dr. Campbell—That no person not a member of the College of Physicians and Surgeons of Ontario shall be put on record in the register as a Homœopathic member of the said College until he has undergone and satisfactorily passed a full and sufficient examination by the Board of Examiners appointed by the Council of the said College at the regular examinations of said Board upon the following subjects, viz:—Anatomy, general and surgical, chemistry, botany, physiology, surgery, (operative,) sanitary science, medical jurisprudence. And that upon the following subjects:—Theory and practice of medicine, midwifery and surgery, materia medica, as understood by Homœopathists, the said persons shall be examined exclusively before the examiners appointed by and approved of for that purpose by the Homœopathic members of the Council, whose decision shall be final.

THE PAYMENT OF MEDICAL WITNESSES.

Dr. Allison moved, seconded by Dr. Hyde, "That the Executive Committee are hereby requested to put themselves in communication with the Government of Ontario, either by memorial or otherwise, with the view of inducing the Government to bring in a measure before the Legislature for the purpose of making more adequate provision for the payment of medical witnesses in criminal cases, and also to provide for limiting the time for the bringing of actions against medical men for malpractice, and that in all cases where issue is found a certain number of jurors should be selected from the medical profession with the usual privilege of challenging said jurors, and the case tried in the usual manner, with any other requirements the Committe may suggest."

Dr. W. Clarke was of opinion that medical men on a jury would never agree. The Executive Committe would be glad to consider the question.

Dr. Campbell said that counsel on either side would find out beforehand what opinions the medical jurors held, and would challenge them till they were eliminated from the jury.

Dr. Berryman said it was strongly felt by the profession that in cases of malpractice they should be tried by their peers. How could a non-medical juror judge of the merits of a malpractice case in which a dislocation had been treated? He was perfectly convinced that a jury composed of medical men would, when put on their oath, return a righteous verdict. He believed that when the matter was brought before the Legislature they would admit the justice of the request that was made. The resolution was carried.

PRINTING COMMITTEE.

The report of the Printing Committee was then presented, which recommended the payment of certain accounts for printing, and was adopted after some discussion.

FOURTH DAY'S PROCEEDINGS.

The Council met at ten o'clock. The minutes of the previons day's proceedings were read and confirmed.

REGISTRATION COMMITTEE.

Dr. Bethune presented the report of the Registration Committee, which was received and adopted. It recommended, among other things, that the tariff of fees adopted by the following Medical Associations, viz:—King's and Queen's, Malahide and Tecumseh, St. Lawrence and Eastern, and the Western and St. Clair divisions, be sanctioned by the Council.

EDUCATION COMMITTEE.

Dr. D. Clarke presented the report of the Education Committee, which was considered in Committee of the whole, Dr. Allison in the chair.

The following changes were recommended in the Announcement as to the matriculation examination:—

That the 2nd Book of Virgil's Æneid be substituted for Book I.

That the 5th and 6th Books of Cæsar's Commentaries be adopted instead of the first two books as heretofore. It was also recommended to omit (in Greek) the first chapter of John's Gospel and substitute for it the 1st Book of Zenophon's Anabasis.

In French to use the first three books of Charles XII., omitting Telemaque.

Clause 5 to be changed in section I., in order to read :—"Any graduate in arts or any student having matriculated in arts, &c." Clause 6 to be expunged.

Clause 3 section II. to read :—"Every student student shall attend medical lectures for at least three sessions of six months each, said three sessions to be included in the first three years."

In the course of lectures that histology be included in physiology. That a course of not less than 25 demonstrations on microscopical anatomy be added to the curriculum of studies.

That clause 10 of section 2 read :—"He (the student) must pass all the examinations of the Council hereinafter presented." Carried.

That division *b*, clause 11 of section 2, read :—"Nothing shall exempt residents of Ontario, who after this date elect to pursue their studies outside of the Province of Ontario from passing four years in the pursuit of their professional studies, such four years to commence at the date of their matriculation in this Province before the Examiners of this College."

The next clause provided that the examination shall be divided into three annual examinations and a "final."

Dr. Dewar objected to the proposition.

Dr. Henwood thought that the result of the change of the number of examinations would be to drive students to Toronto for their education.

Dr. Aikins said the annual examinations would have the effect of making the student work evenly, and would prevent cramming at the last moment.

Dr Bethune thought that the present number of examinations were sufficient.

Dr. Lavell said that if he thought the interests of the school he represented would be prejudiced by the annual examinations, he would oppose the change. It would, however, not come into force till 1877, and the council would have plenty of time to consider the matter. The clause was carried.

It was recommended that the following branches be embraced in the course of studies :

First year—Anatomy of the bones, ligaments, muscles and viscera of chest and abdomen : physiology of locomotion, respiration, circulation, and digestion ; chemistry, inorganic ; and botany.

Second year—Anatomy, descriptive—other than that of 1st year ; physiology—other than that of 1st year ; with microscopic anatomy and practice ; chemistry—theoretical, and other than that of 1st year ; and sanitary science.

Third year—Anatomy, surgical and demonstrative ; pathology, medical and surgical ; medical jurisprudence and toxicology ; surgery—operative.

Fourth year—Toxicology, optional for 3rd or 4th year ; *materia medica* and therapeutics and the theory and practice of medicine ; midwifery and diseases of women and children, other than operative. The report was adopted.

The clauses relating to the examinations do not come into force until 1877.

Dr. Campbell brought forward the motion of which he had given notice the previous day, regarding the division of the subjects of examination, in reference to Homœopathic Students. In support of the motion he said he asked no more for the Homœopaths than the Medical Act warranted. The subjects of examination left to the Homœopaths were too few, the Council had so arranged the examinations as to leave only eight per cent. in point of value of the subjects to the Homœopaths. The effect was to prevent candidates seeking Homœopathic examination. He complained that diagnosis had been separated from the theory and practice of medicine. The Homœopaths asked that the provisions of the Act should be complied with by the Council. No Homœopathic students had passed, as none would submit to examination on principles to which they could not subscribe. In the branches of medicine, it was evident, he thought, that the examiners for Homœopathic students must be exclusively Homœopaths. Their students, too, should be examined upon diagnosis according to Homœopathic principles, and so the Act said. The question of course, was not whether Allopathic diagnosis was different from Homœopathic diagnosis, but whether he and his brother practitioners were to be accorded the privileges the Act authorised. He attended the Council this session merely as a conference hoping that justice would be done. The Homœopaths could not again appeal to Parliament till they invited the Council to do what was right. He hoped the Council would impartially consider the matter, and thus relieve him of the necessity of retiring from the Board.

Dr. Dewar said that the question of medical diagnosis had been discussed by the last Council, and the selection of a work on the subject was left to Dr. Allen, a Homœopath. Dr. Allen chose "Da Costa's Diagnosis" a book used in every Homœopathic college in the United States. Dr. Allen's opinion was acted upon, as he was the only member of the Homœopathic body in Canada that had ever been a teacher in a Homœopathic college. Dr. Campbell would find that he cried "wolf" too often, and his complaints would ultimately be disregarded. The Council had made every concession possible in order to satisfy the Homœopaths.

Dr. Aikins said that when the matter first came up Dr. Allen agreed on the part of the Homœopaths to accept diagnosis as a common subject of examination if the Council would accept "Da Costa" as the textbook. Dr. Campbell at first offered some opposition, but ultimately withdrew it. Since that time medical diagnosis had been recognized by the

Council as a common subject in which all persons should be examined. He thought the proposition of Dr. Campbell should be voted down, as there could be no difference in medical diagnosis between Homœopaths and Allopaths. The Homœopathic representatives had been given a part in the general examinations, and he saw no sufficient reason for granting further concessions.

Dr. McLaughlin moved in amendment. "That inasmuch as diagnosis, operative midwifery, and pathology are subjects common to all branches of the profession, resolved, that the Council cannot, in the interests of the public, permit them to be omitted from the common *curriculum*."

Dr. Wm. Clarke pointed out that diagnosis formed the only ground upon which the two schools could meet.

Dr. Bethune said the fact was that Dr. Campbell wanted a gratuitous advertisement in the Toronto papers, and he made these complaints to effect that object. He hoped the press would notice this. The matter had been discussed before, and settled. Dr. Campbell was evidently trying to frighten the Council by threatening to appeal to the Legislature. They had fought him already on the floor of Parliament, and were willing to fight him again.

Dr. Logan said he had sufficient faith in the Council to believe that homœopathists would receive justice. He had always been courteously treated by the allopathists. He did not believe the difficulty between them was such as to necessitate severance; but that would inevitably follow without the Council met them in a conciliatory spirit. There was no difference between diagnosis of allopathists and homœopathists. Homœopathists did not assert there was any difference. Their position was that diagnosis was taught in connection with something else. Homœopathists had not nor never had any school or professor of diagnosis. Its near connection with their *materia medica* made it important for them to have the two examined together, and not that diagnosis should be classed with general subjects. He would ask whether it was desirable to allow the question to cause any more divisions. He referred with pleasure to the change which had taken place respecting the relations between allopathists and homœopathists; but the legitimate extent of this relation was limited by the *materia medica* of each, beyond that they could not go. He supported Dr. Campbell, and hoped the Council would put no obstacle in the way of a settlement of the question.

Dr. Morden felt the necessity of supporting Dr. Campbell's resolution. He was quite satisfied that the Act warranted the demands of the homœopathists. The study of the diagnosis was intimately connected with their theory and practice of medicine. He thought the Council should meet the Homœopaths half way.

Dr. D. Clarke said the Allopaths had given Dr. Campbell's friends a fair interest and division in the subjects of examination, but the Homœopaths had never yet made, one concession in return. He believed himself that diagnosis might be classified under the head of the science and practice of medicine, but the distinction had always been recognised, and they were asked to upset the existing arrangement, to satisfy a mere sentimental notion of Dr. Campbell.

Dr. W. Clarke said that for the sake of peace he would move in amendment to the amendment, "That the examination in diagnosis be confined to the students of the general profession."

Dr. Henderson urged that the matter be settled, He bore testimony to the courteous treatment he had always received from allopaths.

The amendment to the amendment was then put and carried by the casting vote of the President.

BOARD OF EXAMINERS.

The Council went into committee on a report from the Educational Committee, recommending the holding of examinations at Toronto during the coming fall should a sufficient number of candidates present themselves, and that the following gentlemen be the Board of Examiners, Dr Bethune in the chair:—

Medicine, including Diagnosis and Pathology, Dr. Lavell; Materia Medica and Therapeutics, Dr. U. Ogden; Toxicology Sanitary Science, and Botany, Dr. Berryman; Anatomy, Dr. N. Bethune; Physiology, Dr. Campbell; Medical Jurisprudence, Dr. W. Clarke; Chemistry, Dr. D. Clarke; Midwifery, Dr. Edwards; Surgery, Dr. Dewar. Dr. Henderson to be examiner on Homœopathy if required by the application of Homœopathic students for examination.

Dr. Allison, of Bowmanville, took exception to the report. He had nothing to say against the examiners, but he was satisfied that the present measure would give dissatisfaction throughout the Province. He did not approve of the monopoly which was shown in the Council. There were many members outside the Council who were as capable of examining students as there were in it. Many medical men whom he knew felt themselves aggrieved that they had not a seat given them at the Board. The Council should have confidence in the profession. In connection with the manner in which the members of the Board of Examiners had been hitherto elected, he would enter his protest. The principle was bad, and would bring them into contempt.

Dr. Aikins considered that Dr. Allison had false impressions with respect to the appointment of the examiners, but it was not wise to change the method yet.

Dr. W. Clarke, said they had tried the system proposed by Dr. Allison, and it had failed.

He asked, as representative of some 300 medical men, among whom might be political and personal friends, how he was to choose an examiner for his district?

He maintained that the examiners should be selected from among the members of the Council. They ought not to disturb the present condition of affairs, but strive to do all they could in order to contribute to the benefit of the public.

Dr. Hyde said the impression was getting abroad that the Council was becoming a close corporation. He thought it was a vicious principle for the members of the Council to appoint themselves on the Board of Examiners, because if a student wished to make a complaint he would have to present it to his own examiners. They had as capable men outside the Council as in it.

Dr. D. Clarke considered that the Board of Examiners should be appointed by the Council. If the students had any cause to complain then the Council could investigate the matter. The present mode of choosing the examiners from among the members of the Council should be continued.

Dr. Berryman said that everybody was not capable to be an examiner. Why disturb one when he had learned his business, in order to put a new and green one in his place? The present Board of Examiners had given every satisfaction, and he considered it detrimental to the profession to make any change in the present mode of appointing them.

Dr. Ross asked how they were going to obtain a Board of good examiners unless opportunities were afforded medical men to obtain that position.

Dr. McLaughlin contended that examiners outside the Council were as good, if not better qualified, than many members of the Council, but he thought the practice could not be carried out to the satisfaction of all the territorial divisions. Every division did not possess competent men.

The committee then rose and reported.

On a motion for the adoption of the report.

Dr. Allison, seconded by Dr. Hyde, moved "That the report be not now adopted, but that it be referred back to the Committee, with instructions to strike out the names of all members of the Council, from the list of examiners, and that the names of members of the profession outside the Council be inserted instead.

Dr. Macdonald was in favour of the report. He had not heard any dissatisfaction at the mode of appointing the examiners. He did not think those present had come prepared with the names of those whom they would like to appoint as examiners.

Dr. Lavell and Dr. Bethune spoke in favour of the report.

Dr. Allison's amendment was put to the vote and declared lost. Yeas,—Allison, Hyde, Bogart, Cornell, Morrison, Ross. Nays,—Aikins, Berryman, Bethune, Campbell, D. Clarke, W. Clarke, Dewar, Henderson, Henwood, Hodder, Irwin, Lavell, Logan, McDonald, Morden, McLaughlin.

The report of the Committee was received and adopted.

EXECUTIVE COMMITTEE.

Dr. Hodder moved, seconded by Dr. Aikins. That the following gentlemen constitute the Executive Committee for the ensuing year:—Drs. Allison, Wm. Clarke, McDonald, Berryman, Dewar, Campbell, D. Clarke, Irwin, McLaughlin, Aikins, and Morden.

On motion of Dr. McDonald, Dr. Aikins was appointed Treasurer, and Dr. Pyne Registrar, for the ensuing year.

After passing a vote of thanks to the board for the use of the rooms, and transacting some business of minor importance, the Council adjourned *sine die*.

Selected Articles.

PNEUMONIA DURING PREGNANCY.

This subject is one of great interest, and, as I have heard no allusion to it since my connection with the Academy, I will merely relate my experience with two severe cases, hoping to elicit from gentlemen present their opinions, calling forth the discussion the subject seems to demand.

I regret that I have not more data to present you this evening in regard to the mortality attending this disease, and to the time in pregnancy in which this disease seems most dangerous.

From the literature of the subject, so far as my examination extends, abortion usually takes place during the progress of the disease, but the danger to mother and fœtus is lessened after the seventh month. In Cazeaux's Midwifery I find reports of fifteen cases; ten of these had not reached the sixth month, and four of these aborted on the fourth, fifth, sixth and ninth days respectively from the commencement of the attack. In three cases the abortion was followed by disease of the lungs of the severest character, proving fatal three or four days after; one only, whose pneumonia was limited, recovered without serious symptoms.

The six who did not miscarry died, without exception, during the progress of the disease. Of the five women who had reached an advanced stage, two were seven months pregnant when attacked; one was delivered prematurely on the twelfth, and the other on the fifteenth day, both dying two days after. The three others were in their ninth month; two were delivered of living children on the seventh and eighth days of the disease, the other died undelivered on the fifth day. Thus of the fifteen women, eleven died; proving, beyond doubt, that pneumonia is a most formidable disease when occurring in the pregnant state. *Dr. Brown, in the Detroit Review of Medicine.*

A NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY.

BY EDWARD COPEMAN, M.D., F. R. C. P.

During a long professional life, I have had much experience of this troublesome affection, and amongst other medicines have found calumba and oxalate of cerium the most beneficial; but these and all other medicines often fail, and the treatment suggested by the following cases, discovered by accident as it were, and never, as I know (although nothing is new under the sun), employed before, promises some chance of our being able with more certainty to overcome this very threatening concomitant of pregnancy.

On June 9th, 1874, I was summoned to a lady, thirty-five years of age or thereabouts, to consult with two other practitioners already in attendance. She was about six months gone in pregnancy, and was so reduced by almost incessant vomiting, that great fears were entertained as to her safety. I noticed there was slight uterine action accompanying the sickness, and on examination, I found the os uteri partially dilated so as readily to admit the finger. I thought it right under the emergency to advise bringing on labor without delay; the gentlemen present, however, expressed no little apprehension as to whether or not she would have strength to undergo the effort of parturition on account of the very depressed and exhausted state of her system. They nevertheless concurred in the advisability of the course I recommended, and asked me to perform the operation. I at once dilated the os uteri as much as I could with the finger, and could feel the membranes and the head of the child. I tried to rupture the membranes with a teloscopic female catheter (the only instrument at hand), but they were so flaccid and the head offered so little resistance, the catheter shortening itself also on my making pressure, that I could not succeed; and, thinking it wise to wait awhile before resorting to any other expedient, we retired to another room for consultation. In about one hour we saw the patient again, and were surprised to find that a longer period had elapsed without sickness than before; and we again waited, in the hope that she might be able to take a little nourishment, and so be better prepared to undergo any further proceeding. We waited another hour, and another, but there was no return of vomiting; and we spent the rest of the night in watching during the whole of which time she was improving, and we determined to let well alone. I left her early in the morning, and had a favorable account of her a few days afterwards. There was no return of sickness; she went on to the full period of pregnancy, was then delivered of a healthy child, and made a good recovery.

Two other cases are given, where a similar manipulation resulted in prompt and entire relief.—*Brit. Med. Journal, Chicago Med. Examiner.*

THE STRUCTURE OF THE MUCOUS MEMBRANE OF THE UTERUS.

A valuable contribution to our knowledge of the physiology of menstruation has been made by Dr. John Williams, in a paper published in the last number of the *Obstetrical Journal*, "On the Structure of the Mucous Membrane of the Uterus and its Periodical Change." Dr. Williams investigated the microscopical characters of the uterus in twelve cases of persons dying at various known periods from the last menstrual flow. He was thus enabled to trace the cycle of changes which occur in the mucous membrane during the intermenstrual period and at the time of menstruation. Space forbids our doing more than give a brief outline of his results; for the detailed observations we must refer to his concise and careful descriptions and drawings. Starting from the time of cessation of the menstrual flow, when the mucous membrane of the cavity of the body of the uterus had almost entirely disappeared, that of the cervix remaining intact, he found that a rapid reformation of the membrane occurred, commencing at the lower part of the cavity, and becoming complete some days before the recurrence of the menstrual flow. Fatty degeneratton of the mucous membrane then took place, preceding the occurrence of hæmorrhage, and probably being the cause of it, and at its occurrence there was rapid disintegration and removal of the membrane. Microscopically, at the end of menstruation the bundles of the muscular coat were found to form the inner wall, covered only by some loose fattily degenerated cell-elements; mingled with the muscular fibre-cells were round granular cells, blood-corpuscles, and small fusiform cells, whilst deeper in the muscular coat were remains of glands lined with columnar epithelium, and groups of rounded cells which possibly represent the termination of glands. The epithelium first appeared near the cervix, where it lay upon a thin layer, composed of round and fusiform cells, and glands imbedded in a structureless matrix. Beneath these were the muscular coat, and well-developed glands lined with columnar epithelium. Dr. Williams was unable to determine the precise mode of formation of the columnar epithelium, but his observations pointed to the probability of its being renewed by extension from that of the cervix. The subsequent complete growth of the epithelial lining and of the glands having attained its height, fatty degeneration speedily sets in, and another menstrual epoch occurs. Dr. Williams's researches afford a much needed

addition to our knowledge on this important subject, and his paper will repay a careful study.—*The Lancet.*

A MEDICAL STRIKE.—In our last number appeared a paragraph noticing the occurrence of a strike amongst doctors in Switzerland. Referring to the same occurrence, our contemporary the *Lancet* says: "We are not admirers of strikes—least of all in the profession—but there is a limit to the patience even of medical men. They are obliged to pass through expensive ordeals of education and diaphoretic ordeals of examination, only to find quacks of all kinds publicly competing with them, using titles which cannot be distinguished from real ones, and even signing certificates of death to be accepted by registrars. Not only so—the public has an idea that the doctor is a sort of public hack, to be summoned at any time, night or day, and who is obliged to obey without any prospect of remuneration." We must say we entirely endorse these remarks, as they embody most completely the opinions which have been so often expressed in this Journal, and have caused us so frequently to urge a reform of the Medical Acts.—*Students' Journal.*

BRAND'S METHOD OF TREATING ENTERIC FEVER.—The same writer, in the same journal, gives the method employed by Brand, the originator of the cold bath treatment of enteric fever.

The regular methodical application of cold is the condition essential to success. Cold compresses, shower, various lotions, etc., may be used according to indications or convenience. Brand prefers the plunge bath. The instructions to the nurse are: Every three hours take the rectal temperature of the patient, and give a bath at 68° F., of fifteen minutes duration, night and day, until the thermometer, placed in the rectum for five minutes, does not register 101.50° F. The patient is taken to the bath, his night dress removed, and he is plunged up *to the neck* in the water at 68° F., while the head is sprayed with water at 43° F., an important detail, especially when the patient presents cerebral symptoms. After these symptoms are allayed, the spray may be given at the same temperature as the bath. That effusion having lasted one or two minutes, the nurse rubs the limbs of the patient for three or four minutes, and leaves him to rest. He must remain in the bath fifteen minutes, even though his breathing become difficult and his teeth chatter. He is then removed, night-dress put on without drying him, and a sheet thrown over the feet. A little weak, tepid soup is now administered, along with a mouthful of old wine, and he is left to rally from his shivering, which lasts from fifteen minutes to an hour. Fluid, tepid nourishmene must be regularly given, also mouthfuls of icedtwater. If very weak, the patient may have a spoon ful of old wine before the bath.—*Med. Review Detroit.*

OZIDE OF ZINC IN INFANTILE DIARRHŒA.

Dr. Fogel (Academy of Medicine, Cincinnatti) reported excellent results from the administration of ozide of zinc in one-half to one grain doses in the diarrhœa accompanying teething and in the chronic indigestion of infants. He had encountered several cases of these affections occurring in children, especially those artificially fed, in which this remedy effected a cure after all other means had failed. He generally combined it with pepsin and bismuth, but did not consider the good effects due to the latter agents, as he had tested its efficacy on several occasions by omitting it, when the symptoms recurred with more or less severity.

Dr. Whittaker had had some experience with the oxide of zinc in infantile diarrhœa. He usually gave it in grain doses, and was pleased with its action, but usually preferred bismuth in the form of the subcarbonate and subnitrate, though it sometimes causes severe vomiting from adulteration with arsenic.

Dr. Conner said that seven years ago he had examined eight or ten specimens of bismuth obtained at different drug stores of the city, nearly one-half of which contained an appreciable amount of arsenic. The injurious effects may sometimes be dependent upon this impurity.

Dr. Bartholow stated that if these preparations are made aecording to the formula laid down by the U. S. pharmacopœia, they will be freed from any arsenic the bismuth may contain.

Dr. Reamy had used the oxide of zinc with good effect, but preferred bismuth and pepsin. He usually gives 3-7 grains of pepsin and one-half that amount of bismuth every 4 hours to children 1 to 2 years old. He had found these agents of signal service. Most cases of that fearful malady enterocolitis are primarily simple diarrhœa, which in the first and second stages will generally be promptly controlled by pepsin and bismuth. The local action of bismuth is very mild, no injection in gonorrhea being better than one containing bismuth. He would attribute good results in Dr. Fogel's cases, chiefly to the pepsin prescribed with the oxide of zinc.—*The Clinic.*

TREATMENT OF ABSCESS OF BREAST BY COMPRESSED SPONGE.—A patient had been suffering from mammary abscess for three weeks, but without any special benefit from treatment in checking the discharge of pus. It was decided to try the effect of compressed sponge, and for this purpose a sponge about ten inches in diameter was subjected to pressure and then applied by means of a bandage over the breast. After it had been in use forty-eight hours the abscess was completely cured. No pain was experienced by the patient, and in this case the opening in the breast was

three inches above the dependent part of the abscess. In applying a sponge to the breast in this class of cases, it is found of advantage to compress it when dry. After it is applied to the breast and firmly secured in position, a little water is poured upon it to cause expansion, and the necessary pressure.—*Med. Examiner.*

UNIVERSITY OF MICHIGAN.—The Regents of the University of Michigan have finally accepted the act of the Legislature of that State providing for a College of Homœopathy in connection with the Medical Department. The special school is to consist of two professors, one of Materia Medica and Therapeutics, the other of Practical Medicine. For instruction in all other branches the students are to attend the old Medical Department. In consequence, Dr. Sager, one of the oldest and most influential members of the regular medical faculty, has resigned. His chair was that of Obstetrics and Diseases of Women.

LONDON DOCTORS.—Sir William Jenner commenced life as an apothecary in a small back street in London, and for a long time the battle of life fell hardly on him. He worked with rare energy, and after obtaining the M. D. degree and being elected a Fellow of the College of Physicians, was appointed Physician to University College Hospital, a post which he has held uninterruptedly ever since. His gentle, suave manner soon endeared him to his students and pupils, and aided him in securing a high-class practice. At the present time, he is physician to the Queen and to the Prince of Wales.

Another medical luminary commenced life under still more humble auspices. Sir Wiliiam Gull, when a boy, was engaged to sweep out the surgery and dispensary of Guy's Hospital, an Institution to which he is now the consulting physician. He has the largest fashionable practice of any man in Europe, a result due, in a greater degree, to his fine impressive presence than to any intrinsic worth he possesses. His warmest admirers can not say that he ever performed any original work calculated to advance medical science. He has published a few papers on different subjects, the best of which is that on "Abscess of the Brain,', now incorporated in Reynold's System of Medicine.

Sir Henry Thompson is said to have been originally a draper's shopman, after which he became for a short time a field preacher or ranter. His natural bias led him to attend a course of medical lectures, and he soon devoted himself heart and soul to the study of medicine and surgery. In 1851 he passed the examination of bachelor of medicine at the University of London, and two years subsequently was elected a fellow of the College of Surgeons. He was for some years surgeon to the late King of the Belgians, on whom he performed lithotrity fifteen or sixteen times, receiving as a fee the sum of three thousand pounds. He has for a long time been the Professor of Surgery to University College Hospital, an appointment which he has relinquished within the past few weeks. Apart from his capabilities as an operator, he is a most accomplished painter, and there is seldom an exhibition at the Royal Academy without a valuable contribution from his facile hand. It will be remembered that he was in constant attendance on the late Emperor Napoleon III., and it is generally supposed, that his fees in connection with the case amounted to quite a little fortune. He is an earnest and uncompromising teetotaller.—*London letter, Amer. Weekly*, June 5,'75. —*Clinic.*

THE ARCTIC EXPEDITION AND ALCOHOL.—It has often been said that, whether at the Equator or at the Pole, it is always found that teetotallers get along better than moderate drinkers. This fact was alluded to in a debate on the value of alcohol as an article of diet, held at New York not long ago, by Dr. Willard Parker, and we believe that the fact is quite indisputable. It appears that among the crews of the Arctic expedition there are several mariners who have made several voyages to the regions of eternal snow without ever having broken the abstainer's pledge to refrain from the use of alcoholic drinks, and to encourage the same practice in others. Dr. Parker has called attention to the spirit ration served out to the soldiers in the late Ashantee war, and has shown that many soldiers did admirably well without any alcoholic stimulant in that dangerous climate. Alcohol is well known from late researches to lower the temperature of the surface of the body, and hence it is of course likely to be quite contra-indicated in Arctic regions. And we hear that former expeditions have proved that it is quite impossible to keep up the normal temperature of the body if alcohol is taken, except in the very greatest moderation. Doubtless one of the results of the present expedition will be more theroughly to clear up this important point in diet and regimen.—*Medical Press and Circular.*

THE DEMISE OF THE "IRISH HOSPITAL GAZETTE.—The *Irish Hospital Gazette* was the third effort to supply some fancied want which a politico-scientific journal like the MEDICAL PRESS AND CIRCULAR is—upon unknown data—supposed to be incapable of supplying. It was started with exceptionally encouraging commercial advantages at its back, for its finances were in the hands of the first money-making newspaper staff in Ireland, and its typography was assumed to have been provided for upon the easiest terms. Its literary department was in the hands of a gentleman, who, while entirely competent, most energetic, and decidedly popular, was—if we may be permitted

to conjecture—placed in circumstances such as to render him superior to any passing financial necessities.

So far as the advantages to which we have referred could go—and we can state that they are far from insignificant—the *Irish Hospital Gazette* ought to have commanded success. It has not done so. To those who think that journalism is child's play we say that the hint given them this week ought to be sufficient.

We part from the *Irish Hospital Gazette* almost with sorrow. Its editor has not played at journalism without advantage, for he has shown himself a gentleman—industrious, conciliatory, and intelligent, and it is really a subject for regret that his identity should be merged in that of our esteemed mensal contemporary the *Dublin Journal of Medical Science*; but the lesson will not be amiss if it satisfies those who are ambitious of newspaper honours that journalism is not "so easy as it looks."—*Medical Press and Circular*.

ANCIENT REMEDIES. — Scott's *Discovery of Witchcraft* (1584) says:—Charm against the bite of a scorpion—Say to an ass secretely, and as it were whispering in his eare, "I am bitten by a scorpion." Against the toothache—Scarifie the gums in griefe with the tooth of one that hath been slaine. To heale the King,s Evil—Touch the place with the hand of one that hath died an untimely death. For the heartache—Tie a halter about your head wherewith one had been hanged.

At the last meeting of the Edinburg Botanical Society, Dr. T. A. G. Balfour reported some interesting experiments on the *Dionœa muscipula*, which he considered a carnivorous plant. He showed that the irritability, under which the leaf contracts, is resident in delicate hairs, so placed on the surface of the leaf, that no insect could avoid touching them in crawling over. Chloroform dropped on a hair, caused the leaf to close immediately; water had no such effect. Contraction only lasted for a considerable time when any object capable of affording nutrition was seized, when it lasted for about three weeks, and the interior of the leaf gave out a viscous acid secretion. A number of interesting points were made out with regard to the secretion, digestion, and absorption performed by the plant.

TREATMENT OF CHOREA BY ARSENIC IN LARGE DOSES.— Dr Eustace Smith, in a note to the *British Medical Journal*, of May 1st, 1875, emphasizes the value of arsenic in chorea, but states that it was not so generally known that the curative value of the drug is greatly increased by administering it in full does. Children have a remarkable tolerance for it, especially in such a non-febrile affection where there is no increased irritability of the digestive organs. To a child between the ages of five or six and twelve, he would give in this complaint as much as ten minims of Fowler's solution three times a day, directly after meals. The influence of the treatment is seen almost immediately, and it is rare for any of the physiological effects of the drug to be seen. Under this treatment, he says that severe cases seldom last longer than a fortnight.—*British Medical Journal*.

TETANUS, TWENTY-EIGHT DAYS AFTER INJURY, TREATED BY CHLORAL.

On March 4th, J. B., aged 13, whilst slicing roots, cut his forefinger through. As the bone was fairly cut, and the finger was still hanging on by a piece of skin, I determined to save it. I set the bone, and everything went on well until April 2nd, when he called on me, complaining of pains all over, and a general feeling of chilliness. As I found he had been sitting about on the ground the greater part of the previous day, I treated him for a severe cold. On calling the next day, I found him in bed, very excitable, and only able to rest whilst lying on his face. The next day, April 4th, no mistake as regards the diagnosis could be made. He remained in much the same state for a fortnight, and then very severe hysterical fits occurred about every twelve hours. These fits lasted about a week, and, after they left him he made gradual recovery. During the first three weeks, he took five grains of chloral in camphor-water every four hours; and, if this mixture were in any way altered, he became more excitable. After that period, I gave him a mixture containing Indian hemp and bromide of potassium. I found all kinds of external applications, as well as hypodermic injection of belladonna, useless; and injections for the relief of the obstinate constipation produced so much excitement that I was obliged to depend on croton oil. Beef-tea, sherry, whipped eggs, and milk, were taken freely; and the darker and more quiet the room the better. The mother stated that the boy was always very excitable, and every spring suffered from frequent attacks of epistaxis; this year he had an attack nearly every morning through March, but not a single attack during the time he was under my care.

DR. STEPHENS.—*Brit. Med. Journal.*

INDURATED BUBO.—According to the *New York Medical Record* the following method of treatment has given excellent results: "Cover the part freely with mercurial ointment, and keep up constant pressure by means of a hot brick.—*Ibid.*

Fever without ague is no great shakes, so says a malarial exchange.

THE CANADA LANCET.

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TORONTO, AUG. 1, 1875.

SPIROMETRY OR CHEST MEASUREMENT.

The use of a tape measure or calipers for detecting difierences between the two sides of the chest in thoracic diseases generally, has long been employed, but, in one form by which countless victims are carried off, viz.: congestion of the lungs, we do not think as much attention has been paid to this valuable auxiliary by British or American practitioners as by the French. At the commencement of this century, when physicians were ardently devoting themselves to pathological anatomy, a result followed worthy of notice. The belief in irritation and inflammation so vehemently affirmed by Broussais as the fundamental basis of physiological medicine, engrossed the mind and attention of almost all his contemporaries. There resulted from this an unfortunate confusion between phlegmasia and congestions in general. Pulmonary congestion in particular underwent this vicissitude. Considered as a secondary pathological state, it was overlooked in treatises on pathology. Nevertheless it has been the object of research more or less important from an anatomical point of view, but the clinical study of it, profited little, because we were ignorant of the signs of it, and confounded them with those of many other affections. Professor Woillez, of the Lariboisiere Hospital, in his excellent work on "*Maladies Aigues*" gives a short historical *resumè* of pulmonary hyperæmia as treated of by his predecessors, which we now translate. Andral devotes a remarkable chapter in his Pathological Anatomy to hyperæmia regarded from a general point of view, and taking anatomy for the foundation. In criticizing the character of asthenic inflammation he remarks, that anatomy cannot always rigorously separate pathological congestion from inflammation. Further, in his Medical Clinic he points out that dyspnœa without lesion appeared to him to be due to a rapid congestion of the blood operating in the lung. Jolly in 1830 sought to establish a distinction between effusion, congestion, engorgement, and inflammation. The special question of pulmonary congestion, commenced in the years following to take a more important place in anatomo-pathological research. In their remarkable work of diseases of old people, Howman and Dechambre established the anatomical distinction between pulmonary congestion and inflammation, but dominated by the idea of inflammation then so generally received, they inclined to consider congestion as being of an inflammatory nature on all occasions when it occupied either the anterior border, or the whole extent of the organ, in the absence of all interruption to the circulation in the heart or large vessels. About the same period Devergie noticed pulmonary congestion as the cause of sudden or rapid death, and two years after Lebert published an interesting essay containing facts of this nature. We are indebted to Fournet for an interesting research, but unfortunately too limited, on pulmonary congestion. Dubois, of Amiens, in 1841 combated the idea so generally received that capillary hyperæmia is due to an exaggerated action of the heart. He insists upon alterations in the blood as the important cause of pulmonary congestion in typhus fever, miasmatic affections, &c., &c., calling to his readers' recollection hyperæmias produced artificially by injections of different foreign substances into the blood. In 1844 Legendre and Bailly in an important work, devoted a large part to pulmonary congestion in the diseases of children; they simplified the excessive anatomical distinctions established before them, but like their predecessors they did not distinguish sufficiently between hyperæmia and inflammation. Such in brief was the condition of the question when Woillez some twenty years ago commenced his first researches. The principal difficulty up to that time, in preventing the important labours of which pulmonary congestion had been the object from bearing fruit, was the impossibility of determining during life by any manner the augmentation

of volume of the congested lung, or at least, by the manner then employed of pulsation and percussion.

Mensuration, although apparently of trifling assistance, opened to Woillez in 1851 a new way, revealing the existence of pulmonary congestion in conditions where its presence was not suspected. In studying the thoracic capacity during the course of pneumonia he found the chest to undergo an augmentation of its circumference during the period of exacerbation of the disease, and a manifest retrocession during the period of resolution. In comparing in this light other acute febrile diseases with pneumonia, he was astonished in discovering that the same augmentation and the same narrowing existed in all acute diseases, and with identical characters. Now this successive enlargement and contraction established by mensuration on a level of the chest, coincided with two interesting phenomena to be remembered. In placing lightly a graduated tape around the chest, then tightening it at the moment of expiration, at the same position, two measurements are obtained. The difference indicates in a precise manner the degree of elasticity of the chest, and more particularly of the lungs. The least in the state of health has been from 5 to 6.5 centimetres, and the two extremes, 4 centimetres for the least, and 11 centimetres for the most pronounced elasticity, as in pulmonary emphysema —the enlargement following the elasticity of the chest, the retrocession following the return of the normal state of elasticity. As a consequence Woillez concluded, that this enlargement with the most pronounced capacity of the intra-thoracic organs, depended on some engorgement of the lungs, and that the retrocession corresponded with the disappearance of that pulmonary engorgement. There was only congestion or hyperæmia that could constitute an engorgement of the lungs common equally with acute febrile diseases. But it was necessary to ascertain, whether congestion thus revealed was a simple fact of pathological physiology, betraying itself by no other means than mensuration, and therefore of little practical importance in itself, or whether this hyperæmia had a real clinical value. If it had truly a clinical value of some importance, it ought to manifest itself by signs of percussion and auscultation, and these signs, to be legitimate, ought to accompany congestional thoracic enlargement. Now, these signs were real, and their study enabled Woillez to publish an essay read in December, 1853, before the Hospital Medical Society, entitled, "Pulmonary Congestion considered as an habitual element of acute diseases." Continuing to pursue these investigations at the Lariboisiere Hospital and in private practice he accumulated a mass of evidence which has served as the basis of his work "Clinical Treatise on Acute Diseases," published in Paris, in 1872. The confusion that has been created between the different acute diseases of the respiratory organs and pulmonary congestion, which has been wrongly considered as always a secondary pathological condition has prevented the proper study of this congestion as a disease. It is, nevertheless, a frequent affection, the history of which separated from that of other pathological conditions, with which it has been confounded will throw new light on the group of acute diseases of the respiratory organs

THE COUNCIL AND THE EXAMINING BOARD.

If anything more than another could show the falsity of the position in which the Council has placed itself, by electing itself into a Board of Examiners, it will be found in the debate which took place in reference to the charges brought against the late Examiners by this journal. The wholesale denunciations, the choiceness of language, the whole tenor of the debate showed on the part of those who engaged in it, a desire to raise an immense cloud of dust, to cover up a hasty and inglorious retreat. There were no figures brought forward to show the proportion of rejected candidates, no evidence to show that the students did not hiss some and applaud others, in fact, some of the examiners said that the students were highly pleased with them, leaving us to infer that they were the applauded individuals. The silly petulance which characterized their utterances showed the weakness and utter defencelessness of their position. We would fain have passed this subject over in silence, but the conduct of these gentlemen leaves us no alternative.

It is a common saying among legal gentlemen "that when you have no defence abuse the opposing counsel," but we doubt very much if abuse of the editor of the *Lancet* will pass for argument among the intelligent practitioners of the country. We have no doubt, however, that in their efforts

to traduce and revile us, a peevish sensibility has been avenged and a morbid vanity gratified ; but they will have utterly failed to convince any impartial reader of the justness of their cause. One of the speakers challenged us to make some specific charges. We would, therefore, like to ask how many candidates were rejected at the examination last fall? *None!* How many were rejected at the late spring examination? Echo answers *how many?* Nor is it much to be wondered at, when the examiners were known to have been in the habit, when the standing of a candidate was very low, of giving him a few extra marks to which he was not entitled, to enable him to make the requisite number of marks to be allowed to pass. This was admitted by some of the examiners (privately, of course,) to have been done in reference to what were called the ornamental branches. We ask, if that principle is to be adopted, where is the use of an examining board? And we ask the profession whether the word *farce* was too strong a term to apply to such a proceeding. With reference to the hissing of examiners (the applauding has never been denied), we repeat without fear of successful contradiction that the examiners on Botany, Anatomy, and one of the final subjects were publicly hissed. We trust that those gentlemen will now be satisfied with what we have here stated, if not, "we have more shot in the locker yet, ready for use if needed."

Dr. Aikins has at last seen the falsity of his position and has given way to the appointment of another, and he deserves all credit for having done so. Dr. Hodder has also named another in his stead; but it will be observed that the gentlemen so appointed are College men, so that the complexion of the examining board is altered very slightly by the change ; and but for the selfish ambition and overweening vanity of the others we would have had a properly constituted Board of Examiners. The childish obstinacy with which they adhere to the position of appointing themselves to the examining board in defiance of public opinion, and of thus setting themselves up as the concentrated wisdom of the profession, no matter how ill-advised it may be, no matter how vicious in principle, no matter how repugnant to the feelings of the profession, will do more to bring them into contempt and cause insubordination among the students than any criticism whether just or unjust, that we could possibly make.

With regard to our statement in reference to the conduct of the Treasurer, we deny the truth of the accusation thus offensively hurled at our head by Dr. Lavell, and give the following extract from a letter published by an M.D., in the *Lancet* for Oct. '74, which we can supplement if necessary by a number of similar ones:—"We find Dr. Aikins, one of the *examiners*, a prominent *teacher* in one of the medical schools in Ontario, and *treasurer* of the Medical Council, by virtue of the latter position, requiring students, when paying their fees, to state what medical school they attended, and *taking a note* of it."

Dr. Lavell's utterances on this point was, to use his own choice and expressive language, "unwarranted and impertinent," for he could not possibly know anything of the truth or falsity of the statement.

AMERICAN MEDICAL COLLEGES.

Though it only concerns us in a secondary degree, we cannot fail to take some interest in the course of medical politics amongst our neighbors of the United States. At the present time we notice in the journals, and in the tone of the addresses delivered before the medical societies, a strong current of complaint against the undue multiplication of medical schools, and the consequent manufacture of an undue number of imperfectly educated medical graduates. There is, in fact, a revival of the old cry that the colleges are the worst enemies of the profession. Whether this be so or not, it is not our present purpose to consider; we simply take the statement as we find it, and note the fact that since the war, there has been in the United States a vast accession to the ranks of medical practitioners. The profession is at length overcrowded, and the natural result has followed, in the expression of a desire to place some check on the multiplication of medical men. From the arguments brought forward and the facts stated, exhibiting the ignorance in preliminary as well as professional education of certain graduates, it is evident that the examinations for graduation at some institutions are very carelessly conducted, and that a low standard of proficiency only is aimed at. It is no wonder that, the colleges being held to blame, there should be a demand for State Boards and Government interference. In the

Western and South-Western States at the present time, the leading minds are looking to Ontario as an example, and are sighing for our system o medical registration as a corrective of a great evil. It would appear that the mischief worked by what has been styled "free trade in medicine," has been so fully demonstrated as to have paved the way for restrictive measures, not simply in the interest of the medical man and the standing of his profession (now very much degraded), but in the interest and for the protection of the citizen himself. Observing this movement in the light of the American reports, we see a great reaction taking place, looking forward to the regulation of the practice of medicine, by constituted authority and the superintendence of medical education by a State Board. It will not much surprise us, if the agitation should soon make a fresh demand, and insist that the actual work of medical instruction should be done under the auspices of the State, as indeed it is in France and other European countries.

MEDICAL ADVERTISING.

The subject of medical advertising in its relation to medical ethics, every now and then forces itself upon the attention of the profession. Scarcely a month passes by without some newspaper paragraph finding its way to our table, containing a report of some brilliant surgical operation. "Dr. so and so is to be congratulated on having successfully performed some delicate surgical operation, requiring great skill and nicety. The patient is now doing well and recovering rapidly." This and similar paragraphs are only too frequently to be found in the newspaper press of this country. Nor do we ever find any effort on the part of the medical men immediately concerned, to repress such advertisements, on the contrary, they openly encourage it by inviting laymen, editors of papers and others to be present to witness the operation with no other object in view than that of publishing it far and wide. Comparatively trivial operations are sometimes in this way magnified and made to appear very formidable, and the medical man is puffed at the expense of his medical brethren. Such men, we say, are advertisers, just as much as if they signed their advertisements and paid for their publication; they are even worse. In reference to this matter the Evansville Academy of Medicine, Mich. U.S., has adopted the following resolution, which we would recommend to the medical societies in the different parts of the country:—"When the name of any member of this academy shall appear in the newspaper press, in connection with the performance of any operation, he shall request the editors of the papers publishing the same to inform the public in their next issue that the use of his name in the report was unauthorized by him, and done without his consent. And if the paper fails to do as requested, he shall publish a card making this statement. If he fail to do this, the committee on ethics is hereby instructed to prefer charges against him at the next meeting of the academy, and upon conviction of the offense he shall be expelled."

THE TORONTO LUNATIC ASYLUM.—Dr. Joseph Workman, having retired from the medical superintendency of this institution, the staff of the Asylum, met that gentlemen and presented him with a respectful and affectionate address, some handsome articles of silver plate, and a choice copy of Shakespeare. Dr. Workman replied in a kind manner, referring to many of those present, who had been 15. 16, 17, 18, and 19 years under his direction. The matron, Miss Parkes, has been 21 years in the Institution, having entered the year following that in which he himself had entered. At the same time Dr. B. Workman, brother of the Superintendent, was presented with a handsome time-piece and an address, to which he made a suitable reply.

PROSECUTION.—One Mr. Gardner who styled himself M.D., M.R.C.S.E., who is travelling with an accomplice by the name of Bright, under the firm of "Gardner & Bright," was brought before a magistrate in Mount Forest lately, for practising illegally and fined $60 and costs. He was also obliged to return the money to some of his dupes before leaving the place.

PROF. TRAUBE.—The death of Prof. Traube was announced in several periodicals, but the announcement turns out to be premature. He is very ill however, and from the nature of his disease cannot long survive. By his death the medical world will lose one of its most ingenious and thorough workers.

PUBLIC HEALTH.—In another column will be found a report by Dr. Baker to the Michigan State Board of Health, which met at Lansing on the 13th July. We give place to this report and the proceedings of the Board, in order to show what the people of the United States are doing to promote public health. The inhabitants of this State in particular, are to be congratulated on having a Board of Health established and in working order. It cannot fail to be of great service to the entire community.

THE BRITISH MEDICAL ASSOCIATION.—The Annual Meeting of the Brit. Med. Association will take place in Edinburgh on Tuesday the 3rd inst., and continue in session five days. This association is without doubt the most successful organization of the kind that exists. Dr. Quain of London, is President of the Medical Section, Dr. Lister of Edinburgh, of the Surgical Section, and Burdon Sanderson on that of Physiology. The addresses of these men will form an exceedingly attractive feature of the meeting, and will be read with interest by the profession on both sides of the Atlantic.

RETURN OF DR. BOVELL.—The many friends of Dr. Bovell will be glad to learn that he has lately returned from Barbadoes, and has again taken up his residence in this city. He has rejoined the medical staff of Trinity College, and will lecture upon general Pathology and Clinical Medicine during the coming winter session.

APOCYNUM CANNIBINUM (MILK-WEED) IN DROPSIES.—The infusion of the above mentioned drug is very highly spoken of (Dr. Hutchins in the New York Medical Record) as a diuretic in all dropsical affections. The active diuretic principle is said to reside in the bark, and not in the root, as is mentioned in the pharmacopœias. Dr. Hutchins records a case in which the patient, who had been frightfully distended from anasarca, was reduced to a skeleton in 48 hours. He refers to the experience of Dr. Jewett, of Canandaigua, in confirmation of his own. Dr. Armor, of the Long Island Medical College, relates similar experience in the use of the drug.

BRITISH MEDICAL COUNCIL VS. WOMEN.—Although there was a strong feeling in the British Medical Council against the physical unfitness of women for the duties of the medical profession, yet by a majority of two to one, they passed the following resolution :—"The Medical Council are of the opinion that the study and practice of medicine and surgery, instead of affording a field of exertion well fitted for women, do, on the contrary, present special difficulties which cannot be disregarded, but the Council are not prepared to say that women ought to be excluded from the profession."

CONSTIPATING EFFECT OF TR. FERRI.—It is well known that in most constitutions tincture of iron has a tendency to produce constipation of the bowels. This may be in a great measure counteracted by the addition of a few drops of tincture of belladonna to each dose. It is worthy of trial.

The John McConnell mentioned in the proceedings of the Medical Council is not John McConnell, M.D., of Thornhill.

ELIXIR FERRI ET CALCIS PHOS. CO.—This is a combination of great reliability and efficacy. It has been very highly recommended by the medical profession both at home and abroad, wherever it has been tried. We have used it in many cases of indigestion, nervous prostration, chlorosis and anæmia, and we have no hesitation in giving it our unqualified recommendation. We have therefore great pleasure in calling the attention of the profession to a preparation so worthy of confidence and so reliable in the treatment of convalescing patients, and all diseases attended with debility of the nervous and muscular system.

PROF. SAGER ANN ARBOR.—Prof. Sager of Ann Arbor, Dean of the medical department of the University of medicine, has resigned his position in consequence of the addition of two Homœopathic lecturers to the staff over which he presided. In his letter of resignation he says: "A sense of professional duty, of self-respect, and that just *esprit du corps* which implies a willingness to make any sacrifice when demanded, compel me to withdraw from any alliance or affiliation tending to defame, demoralize, and, finally, to crush out a hitherto loved and cherished institution."

SIMCOE MEDICAL ASSOCIATION — The third quarterly meeting of the County of Simcoe Medical Association was held in Barrie on the 15th ult. A

large number of the medical men of the county were present. In the absence of the President, Dr. Blackstock was elected Chairman. Dr. Morton, of Barrie, read an excellent paper on "*Post partum Hemmorrhage.*" The following were elected officers for the ensuing year:—President Dr. Hamilton, Barrie; 1st Vice, Dr. Lund, Churchill; 2nd Vice, Dr. Blackstock, Hillsdale; Treasurer, Dr. McCarthy, Barrie; Secretary, Dr. Ramsay, Orillia. The meeting adjourned until the middle of September, then to meet at Lake Couchiching Hotel.

ZIEMSSEN'S CYCLOPÆDIA OF MEDICINE.—On page 290 of vol. iii., second text line from the bottom, the word "ounces" should read "drachms." As the error might lead to serious consequences, we would thank our exchanges to give publicity to this notice.—*N. Y. Medical Record.*

COLD PACK.—Prof. Flint, (*New York Medical Record*) recommends the following method of using the cold pack: Wrap the body in a sheet wet in cold water, and then sprinkle with a watering-pot, and continue the pack from ten minutes to half an hour, according to the temperature and conditions of the pulse. Thus employed, he believes that we can obtain all the benefits of the bath.

Books and Pamphlets.

MEDICAL CHART OF TEMPERATURE PULSE, Respiration, and Regions, by the Cincinnati Case Record Co.

These charts are on single leaves which are about the size of an ordinary hospital case-book. The sheets are ruled on one side in small squares, and margined, for marking the temperature, pulse and respiration daily, morning and evening. There are also four diagrams of the human form at the bottom of the page divided into regions for locating the existence of any morbid process. On the other side of the sheet is a form for recording the personal and family history of the patient. Price, per doz., 50 cts., or $3 per hundred.

BRAITHWAITE'S RETROSPECT OF PRACTICAL Medicine and Surgery, Part LXXI., for July, 1875. Toronto: Willing and Williamson; Price $1 50 cts., post paid.

The July number is replete as usual, with valuable and interesting articles on medicine, surgery, and the allied sciences. All orders sent to the above publishers will be immediately attended to.

APPOINTMENTS.—William Henry Johnso M.D., of Fergus, to be an associate coro the County of Wellington.

Tecumseh Kingsley Holmes, Esq. M. Chatham to be an Associate Coroner fc County of Kent.

Dr. Sparham has been assigned to the pc of book-keeper in the laundry departme Kingston Penitentiary, Greaves to the black-shop.

Dr. Waddell, who is retiring from the Su tendency of the Provincial Lunatic Asylum, Brunswick, has been presented with an addres a silver service by his subordinate officers.

"PUNCH" ON HOLLOWAY'S ASYLUM.—*P* furnishes this inscription for the front of the i asylum founded by Mr. Holloway, who made fortune in "patent medicines:"—

"Not oft is fate so just—see wealth restored
Back to the simple source from which it poured

Births, Marriages and Deaths.

At Chesley, on the 13th ult., the wife of I Gillies, of a son.

At West Garafraxa, on the 9th ult., the wife Jas Tamblyn, M.D., of a daughter.

In this city, on the 12th ult., the wife of D Greenless, of a daughter.

At St. John's church, Norway, on the 14th ul by the Rev. W. S. Darling, John Nation, M.D., Uxbridge, to Katharine, daughter of the late M William Arthur Stanley.

At his residence, Brantford, on the 9th ult., E ward Hipkins, M.D., in the 38th year of his age.

In this city, on the 22nd ult., Trevor Cast maine, infant son of Dr. Temple, aged 7 month

At Ingersoll, Lambert F. Crawford, M.D., l of Hamilton, Ont, in the 37th year of his year.

At Simcoe, on the 31st May, Robert M. Wilso M.D., of Niagara, in the 46th year of his age.

*** *The charge for notice of Births. Marriages and Deat is fifty cents, which should be forwarded in p stage stamps, w the communication.*

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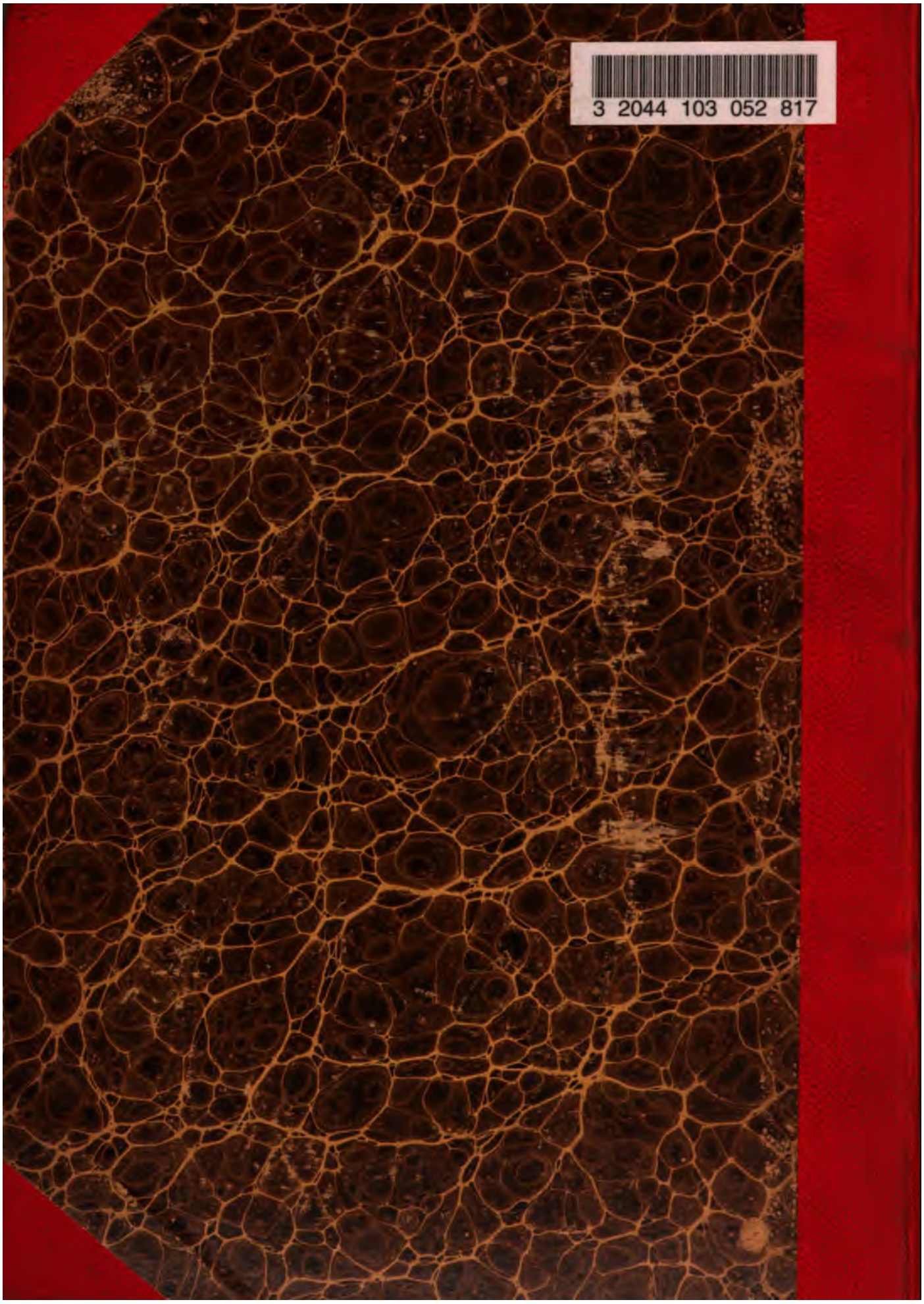
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